Folder Side: Permanent Name: HODOH, OFIA

Account Number:

Employee Express

Health Benefits History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Effective Date: 01/06/2019											
Employee Name (Last, First, N	/II):		SSN	Gende		3	Married				
HODOH OFIA B					(b) (6)						
Home Mailing Address			Nature o	f Transa	ction:	(b) (6)					
(b) (6)			New Enr	ollment (
			New Pla	n Name:	(b) (6	5)					
							_				
Name of Family Members	Zip	Date	of Birth	Gender	Relationship	SS	N				
		(b)	(6)								
		<u> </u>									
		(b) ((6)								
Present Plan Name (b) (6)		E	Enrollment	Code E	Event Code	Date o	f Event				
					(b) (6)						
Acceptance Date CPDF Code			Personnel Office		ID Payroll Office Number		mber				
11/26/2018 14:25:53	EP00			3318	6	8140108					

FPM Supp. 296-33, Sub	cn. 4												
1. Name (Last, First,	Middle)		2. Social Security Number 3. Date of Birth 4. Effective Date										
HODOH, OFIA B	•					(b)	(6)			01/06/	2019		
FIRST ACTIO	ON			SECO	ND ACT	ION							
5-A. Code	5-B. Nature of Action			6-A. Coo	ie	6-B.	Nature of	Action					
894	GEN ADJ			(((((((((((((((((((((D							
5-C. Code QWM	5-D. Legal Authority REG 531.207			6-C. Coo	1e	6-D). Legal Au	ithority					
5-E. Code ZLM	5-F. Legal Authority E.O. 13866 DATED 03/28/19			6-E. Coo	le	6F	. Legal Au	ıthority					
7. FROM: Position 7 PHYSICAL SCII					Position Title SICAL SCII								
THD00000 D13	30113			THE	00000 D13	30113							
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate	2. Total Salary	13. Pay Basis	16. Pay Pl			18. Grade	or Level 1	9.Step or Rat	e 20. Total Sa	lary/Award	21. Pay Basis	
GS 1301	13 10	119121	PA	GS	1301		13		10	121264		PA	
12A. Basic Pay 98317	12B. Locality Adj. 12C. Adj. B: 20804 119121		2D. Other Pay	20A. Basic 99691			20B. Local 21573	ity Adj.	20C. Adj.		20D. Other	Pay	
	ion of Position's Organization				and Location	n of Po		rganizati		· ·			
ENVIRONMENT	AL PROTECTION AGENCY			ENVIR	ONMENT <i>A</i>								
REGION 4 SUPERFUND DIV	VISION			REGION 4 SUPERFUND DIVISION									
	ESP., REMVL. & PREV. BR				GENCY RE			& PRE	V. BR				
ATLANTA,GEOI	RGIA			ATLAN	TA,GEOR	GIA							
EMPLOYEE	DATA		•										
23. Veterans Prefere (b) (6) - None	nce 3 - 10-Point/Disability 5 -		24. Tenure 25. Agency Use						26. Veterar	s Preference			
- 5-Point		10-Point/Compensable/3	0%	1	1 - Permanent	3 – In	definite				(b) ((0)	
27. FEGLI	(b) (6)			28. Annu	itant Indicate NOT APP		RIF			29. Pay Rat	te Determina	ant	
30. Retirement Plan		31 Service Con	np. Date (Leave)	_	Schedule	LICI	DLL				ime Hours P	Per	
K FERS & F		(b) (6			Biweekly								
POSITION DA				F FULL-TIME Pay Period									
34. Position Occupie		35. FLSA Cate	OATV	36 Appr	opriation Co	de de				37 Rargair	ning Unit Sta	ntue	
1 - Competitive S		E - Ex	empt	эо. търг	opriación co	ac .				1050	ing one sea	itus	
1 2 - Excepted Ser			nexempt n (City – County	– State or	Overseas Lo	eation)				1030			
13-0280-121	ie	,	ULTON,GEO		Overseus Es								
40. Agency Data FUNC CLS 91	41. VET STAT (b) (6) 42. ED	UC LVL 14	43. SUPV ST	ГАТ 8	POS	ITION	N SENSI	TIVITY	NONSEN	SITIVE/L	OW RI		
45.Remarks SALARY INCI (OR OTHER O	JUDES A GENERAL INCR GEOGRAPHIC ADJUSTMEN	EASE OF 1. T) FOR THI	4 PERCENT S AREA.	AND,	IF APPL	ICAB	BLE, A	LOCA	LITY PA	AYMENT/	SUPPLEM	ENTALRATE	
				1									
46. Employing Depar				_	nature/Auther				-	cial			
	MENTAL PROTECTIO	49. Approval I	N-4-	_	646 / ELEC			ı SIGN	CD BY:				
47. Agency Code EP00	48. Personnel Office ID 3318	rate	WESLEY CARPENTER DEP AA A&RM OMS										

of Usable After 6/30/93 SN 7540-01-333-6238

FPM Supp. 296-33, Sub-	ch. 4											
1. Name (Last, First,	·		2. Social Security Number 3. Date of Birth 4. Effective Date									
HODOH, OFIA B							(0)			04/29/	2018	
FIRST ACTIO				1		CTION						
5-A. Code 893	5-B. Nature of Action REG WRI			6-A. Co	de	6-В.	Nature of	Action				
5-C. Code Q7M	5-D. Legal Authority REG 531.404			6-C. Co	de	6-D	. Legal Au	ıthority				
5-E. Code	5-F. Legal Authority			6-E. Co	le	6-F	. Legal Au	thority				
7. FROM: Position 7 PHYSICAL SCII THD00000 D1:				PHYS	SICAL	Title and N SCIENTIS						
8. Pay Plan 9. Occ. Cod GS 1301	e 10. Grade or Level 11. Step or Rate 12	. Total Salary	13. Pay Basis	16. Pay Pl		D130113 Occ. Code 1301	18. Grade 6	or Level	19.Step or Rat	e 20. Total Sa	lary/Award	21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Bas		12D. Other Pay	20A. Basic	2 Pay	1301	20B. Local	ity Adj.	20C. Adj.	Basic Pay	20D. Other	
95796	20270 116066		0	9831			20804		11912	21	0	
ENVIRONMENT REGION 4 SUPERFUND DIV EMERGENCY R	ESP., REMVL. & PREV. BR		ENVIR REGIO SUPER EMERO	ONME N 4 FUND GENCY	cation of Po NTAL PR DIVISION Y RESP., R	OTECT)	ION AC	GENCY				
ATLANTA,GEOI			AILAN	VIA,GE	EORGIA							
23. Veterans Prefere			24. Tenu	24. Tenure 25. Agency Use 26. Veterans Prefe						ns Preferenc	e for RIF	
(b) (6) 1 - None 2 - 5-Point	5 To Tome Dismoney	−Point/Other Point/Compensable	/30%	1	0 - None 2 - Conditional (b) (6)						(b) (6)	
27. FEGLI	(h) (6)			28. Annu	7			.1			te Determin	ant
20 Puting at Ni	(b) (6)	4. 0. 1. 0		9		APPLICA	BLE			0		
30. Retirement Plan		31. Service Co	mp. Date (Leave)		32. Work Schedule 33. Part-Time Hours Per Biweekly							
K FERS & F		(0) (F FULL-TIME Pay Period								
POSITION D. 34. Position Occupie		25 FLGA C.		26.4	26 1 1 1 6 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
1 - Competitive S			Exempt	36. Appr	36. Appropriation Code 37. Bargaining Unit Statu							
1 2 - Excepted Ser 38. Duty Station Coo			Nonexempt on (City — County	- State or	Overses	as Lacation)				1050		
13-0280-121	ue	1	FULTON,GEO		Overse	as Location)						
40. Agency Data FUNC CLS 91	41. 42. VET STAT (b) (6) EDU	IC LVL 14	43. SUPV ST	ГАТ 8	- 1	44. POSITION	N SENSI	TIVITY	NONSEN	SITIVE/L	OW RI	
45. Remarks WORK PERFOR	RMANCE IS AT AN ACCEF	TABLE LE	VEL OF COM	IPETENC	E.							
46. Employing Depar	rtment or Agency			50. Sign	nature/A	uthenticatio	on and Tit	le of App	oroving Offic	cial		
EP - ENVIRON	EP - ENVIRONMENTAL PROTECTIO						NICALL	Y SIG	NED BY:			
47. Agency Code	48. Personnel Office ID	49. Approval	Date	JERE	MY A.	TAYLOR						
EP00	3318	04/29/2018		HUMA	AN RES	SOURCES	OFFICE	ER				

FPM Supp. 296-33, Sub	ch. 4			.,										
1. Name (Last, First	•		2. Social Security Number 3. Date of Birth 4. Effective Date 01/07/2018											
HODOH, OFIA B				SECO	ND AC		(0)			01/07//	2018			
FIRST ACTIO	5-B. Nature of Action			6-A. Coo	ND AC		Nature of Act	tion						
894	GEN ADJ					0 20								
5-C. Code	5-D. Legal Authority			6-C. Coc	ie	6-D	. Legal Autho	rity						
QWM 5-E. Code	REG 531.207 5-F. Legal Authority			6-E. Coc	ie	6-F.	. Legal Autho	rity						
ZLM	E.O. 13819 DATED 12/22/17							•						
7. FROM: Position Temporary PHYSICAL SCI					Position Tit SICAL SC									
THD00000 D1:	30113			THD0	10000 D	130113								
B. Pay Plan 9. Occ. Cod		2. Total Salary	13. Pay Basis	16. Pay Pl		T	18. Grade or Le	evel 19.Step	p or Rate 20). Total Sal	ary/Award	21. Pay Basis		
GS 1301	13 09	114028	PA	GS	130		13	09		116066		PA		
2A. Basic Pay 94472	12B. Locality Adj. 12C. Adj. B. 19556 114028	asic Pay 12D.	Other Pay	20A. Basic 95796			20B. Locality A 20270	-	C. Adj. Bas 116066	ic Pay	20D. Other	Pay		
	ion of Position's Organization					ion of Pos	sition's Organ		110000					
ENVIRONMENT REGION 4	AL PROTECTION AGENCY			ENVIR REGIO		CAL PRO	OTECTION	N AGENO	CY					
SUPERFUND DI	VISION ESP., REMVL. & PREV. BR			SUPER	FUND DI			DEV D	D					
						,	EMVL. & F	KEV. D	K					
ATLANTA,GEO	RGIA			ATLAN	TA,GEO	RGIA								
EMPLOYEE														
b) (6) 1 - None	3 - 10-Point/Disability 5 -	10-Point/Other 10-Point/Compensable/30%		24. Tenure 25. Agency U						26. Veterans Preference for RIF (b) (6)				
2 ~ 5-Point 27. FEGLI	4 - 10-Point/Compensable 6 -		1 1 - Permanent 3 - Indefinite 28. Annuitant Indicator						29. Pay Rate Determinant					
	(b) (6)			9 NOT APPLICABLE 0										
30. Retirement Plan		31. Service Comp. (b) (6)	Date (Leave)		Schedule				33		ime Hours I Biweekly	Per		
K FERS & F		(5) (5)		F FULL-TIME Pay Period										
POSITION D. 34. Position Occupi		35. FLSA Categor	rv	36 Appr	opriation C	'ode			37	37. Bargaining Unit Status				
1 - Competitive		E - Exemp	pt	зынры	oprincion					050	ang ome se	arus .		
1 2 - Excepted Ser 38. Duty Station Co		39. Duty Station (; -	– State or	Overseas I	ocation)			-					
13-0280-121		ATLANTA,FUI	LTON,GEOR	RGIA										
40. Agency Data FUNC CLS 91	41. VET STAT (b) (6) ED	UC LVL 14	43. SUPV ST	CAT 8	44. PO	SITION	SENSITIV	TTY NO	NSENSI	TIVE/L	OW RI			
			-											
SALARY INCI	LUDES A GENERAL INCR THER GEOGRAPHIC ADJU	EASE OF 1.4 STMENT) FOR	PERCENT THIS ARI	AND, EA.	IF APP	LICAB	LE, A LO	OCALIT	'Y PAYI	MENT/S	SUPPLEM	IENTAL		
46. Employing Depa	rtment or Agency MENTAL PROTECTIO			_			on and Title of		_					
47. Agency Code	48. Personnel Office ID	49. Approval Dat	'e	190100	wou / ELI	CIKUI	NICALLY S	MGNED	р1;					
EP00	3318	01/07/2018		AUTHORIZING OFFICIAL										



Employee Copy.

Life Insurance Election

Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

General Instructions By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance

coverage. If you are changing a previous election, see the back of Part 3 -

- Read the back of Part 3 Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.

Form Approved:

OMB No. 3206-0230

• Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

*This election supersedes all previous elections *

			perseues t	ili previous ei	eccions.	
Fill in identifyir	ng information concerning the	employee.				
Name (last, first,	middle)			Date of birth (mm/d		rity Number
HODOH	OFIA		В		(b) (6)	
Employing depar Environmental	tment or agency Protection Agency	OWCP cl if applica	aim number, ble	Location of departm work (city, state, ZL ATLANTA 30301		Daytime telephone number (including area code) (b) (6)
	tain Basic, sign and date bel u do not want any insurance a			c, you (or your assig	gnee) may not elect or r	etain any form of optional
<u> </u>	I want Basic. I authorize deduct			Basic may be provided	without cost to U.S. Posta	l Service employees,)
Basic	SIGNATURE (Do not print. Or attorney are not valid.)	ly you or your ass	ignee may sign.	Signatures by guardia	ns, conservators or throug	h a power of Date (mm/dd/yyyy)
	Electronically S	igned By O	FIA HODO	HC		9/6/2016
4 Optional	of these options, in which case box(es) below for any option(s) opportunities to enroll in it are s	you may elect only you are eligible for crictly limited.	y those options for and wish to	which you are eligible elect or retain. If you	to elect as outlined in the do not sign for an option,	ou have previously waived any or all FEGLI Program Booklet). Sign the you have waived it and your future
Ontion	You will not be covered A - Standard		otion B - Ad			viously elected the option(s). ion C - Family
want Option A.	A - Standard			f my annual basic pay		e multiple I indicate below.
authorize deductions to				tions to pay the full co	st. I understand that each the death of my spous	multiple is worth \$5,000 upon e, and \$2,500 upon the death of an
					eligible child. I author	ize deductions to pay the full cost. (b) (6)
						(6) (6)
	rint. Only you or your assignee guardians, conservators or			ly you or your assigned s, conservators or		ot print. Only you or your assignee by guardians, conservators or
hrough a power of attor		through a power	of attorney are	not valid.)	through a power of at	
			(b) (d	o)		
If you want N	O life insurance coverage	. sion and date b	elow			
				guranca I haya will s	ton at the and of the last	day of the pay period in which my
*** - : C	employing office receives this	waiver. Further, I	cannot get Bas	ic life insurance unles	ss (1) I wait at least 1 ye	ar after I sign this form and submit
Waiver of	satisfactory incarcal information					st 180 days, or (4) I participate in an asic. I understand that my decision to
all life	waive life insurance coverage no			0 , 1	rance unless I first have ba	asic, I understand that my decision to
insurance	SIGNATURE (Do not print. Or	ly you or your ass	ignee may sign.	Signatures by guardia	ns, conservators or throug	h Date (mm/dd/yyyy)
coverage	a power of attorney are not valid	L)				
Agency Rema	urks:					If new/newly eligible employee, enter "0" for event.
Nama and add	of employing office		D-t- '	d (n1)	ECC-4: 4-4 C	Number of event permitting change
			(mm/dd/yyyy		Effective date of coverage (mm/dd/yyyy)	(b) (6)
.S. Environmental Pro	tection Agency		9/6/2016		10/01/2017	
mployee Services Bra	anch MC-C-639-		I followed	the instructions on	the back of Part 1.	
			Signature of	authorized agency off	icial	
TP	N	27711	Flectron	ically Signed F	Ry HR Benefits Of	ficer

The employee's copy of this form, when completed by the employing office, together with the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) constitute the employee's Certificate (proof) of Insurance.



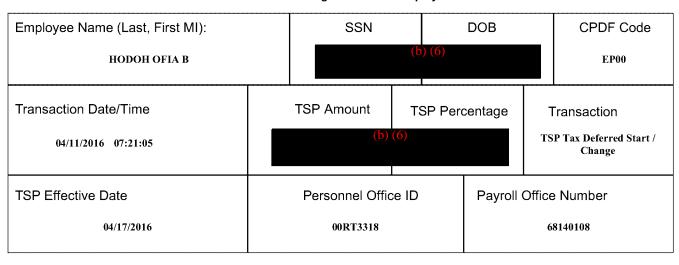
FPM Supp. 296–33, Sub	och, 4													
1. Name (Last, First		2. Social Security Number 3. Date of Birth 4. Effective Date												
HODOH, OFIA E							(b) (0)		10/01/	2017			
FIRST ACTIO					1	ND AC								
5-A. Code 881	5-B. Nature of Action				6-A. Co	de	6-B. N	ature of Action						
5-C. Code DPM	5-D. Legal Authority 5 U.S.C. CHAPT	•			6-C. Co	de	6-D. I	Legal Authority						
5-E. Code	5-F. Legal Authority				6-E. Coo	ie	6-F. L	Legal Authority						
7. FROM: Position						Position Tit								
PHYSICAL SCI						SICAL SC								
THD00000 D1 8. Pay Plan 9. Occ. Cod	30113 le 10. Grade or Level 11	Sten or Rate 13	7 Total Salary	13. Pay Basis	THD(130113 Code 18	3. Grade or Level 19	9 Sten or Rate	20 Total Sa	lary/Award	21. Pay Basis		
GS 1301	13		114028	PA	GS	130		13	09	114028	ini yaranaru	PA		
2A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	sic Pay	12D. Other Pay	20A. Basic	2 Pay	20	0B. Locality Adj.	20C. Adj.	Basic Pay	20D. Other	r Pay		
94472	19556	114028		0	94472	2		19556	11402	8	0			
REGION 4 SUPERFUND DI EMERGENCY R ATLANTA,GEO	ESP., REMVL. & F		REGIO SUPER EMERO	N 4 FUND DI	VISION ESP., RE	tion's Organization								
EMPLOYEE	DATA				<u> </u>									
23. Veterans Prefere		5 - 10	0Point/Other		24. Tenu	re 0 - None	2 - Cond	25. Agen	ıcy Use					
2 - 5-Point			rle/30%	1	1 - Permaner	t 3 - Indef			(b) (6)					
27. FEGLI	(b) (6)				28. Annu	itant Indica NOT AP	itor PLICAB	LE		29. Pay Rate Determinant				
30. Retirement Plan			31. Service C	Comp. Date (Leave)		Schedule					ime Hours	Per		
K FERS & F	TICA) (6)	F FULL-TIME Biweekly Pay Period									
POSITION D	ATA										, - 31.04			
34. Position Occupi			35. FLSA C	ategory	36. Appr	opriation C	ode			37. Bargair	ning Unit St	atus		
1 - Competitive 2 - Excepted Ser		erved		– Exempt – Nonexempt						1050				
38. Duty Station Co 13-0280-121	de		1	tion (City – County ,FULTON,GEO		Overseas L	ocation)							
40. Agency Data FUNC CLS 91	41. VET STAT	42. EDI	UC LVL 14	43. SUPV ST	ГАТ 8	44. PO	SITION	SENSITIVITY	NONSEN	SITIVE/I	OW RI			
	PDATED FIELD					1.0			11011021	<u> </u>				
	OPEN SEASON													
46. Employing Department or Agency						nature/Auth	entication	and Title of Appi	roving Offic	cial				
	MENTAL PROTEC	CTIO						ICALLY SIGN	_					
47. Agency Code	48. Personnel Office	ID	49. Approv	al Date	JERE	MY A. TA	YLOR							
EP00	3318		10/01/201	7	HUMA	AN RESO	URCES C	OFFICER						

FPM Supp. 296-33, Sub	ch. 4											
1. Name (Last, First, HODOH, OFIA B	•		2. Social Security Number 3. Date of Birth 4. Effective Date 01/08/2017									
FIRST ACTIO				SECO	ND A	CTION				01/00/		
5-A. Code	5–B. Nature of Action			6-A. Co			Nature of	Action				
894	GEN ADJ											
5-C. Code QWM	5-D. Legal Authority REG 531.207			6-C. Co	de	6-D	. Legal Au	ıthority				
5-E. Code ZLM	5-F. Legal Authority E.O. 13756 DATED 12/27/16			6-E. Coo	le	6-F.	Legal Au	thority				
7. FROM: Position 7 PHYSICAL SCII						Title and No						
THD00000 D13	30113			THIM	00000	D130113						
8. Pay Plan 9. Occ. Cod		. Total Salary	13. Pay Basis	16. Pay Pl			18. Grade o	or Level 1	19.Step or Rat	e 20. Total Sa	lary/Award	21. Pay Basis
GS 1301	13 09	111858	PA	GS	1	1301	13		09	114028		PA
12A. Basic Pay 93542	12B. Locality Adj. 12C. Adj. Bas 18316 111858	-	D. Other Pay	20A. Basic 94472			20B. Local	ity Adj.	20C. Adj.		20D. Other	Pay
	ion of Position's Organization		U			cation of Po		roanizati		.0	U	
REGION 4 SUPERFUND DIV	Ü			REGIO SUPER	N 4 FUND	DIVISION Y RESP., R	ſ					
ATLANTA,GEO	RGIA			ATLAN	TA,GE	EORGIA						
EMPLOYEE			1									
23. Veterans Prefere (b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 5 - 10 4 - 10-Point/Compensable 6 - 10	9%	24. Tenu 1	re 0 - None 1 - Perm		nditional definite	25. Age	ncy Use	26. Veterar	(b) (6)	e for RIF	
27. FEGLI	(I-) (C)			28. Annuitant Indicator 29. Pay Rate Determinant							ant	
	(b) (6)			9		APPLICA	BLE			0		
30. Retirement Plan		31. Service Com (b) (6	ip. Date (Leave)	32. Worl	s Schedu	ıle					ime Hours I Biweekly	Per
K FERS & F		(0) (0	3)	F	F FULL-TIME Pay Period							
POSITION DA		1										
34. Position Occupie		35. FLSA Categ		36. Appr	opriatio	on Code				37. Bargair	ning Unit St	atus
1 2 - Excepted Ser	vice 4 - SES Career Reserved	E N-No	nexempt							1050		
38. Duty Station Coo 13-0280-121	de	1	ı (City – County ULTON,GEOI		Oversea	as Location)						
40. Agency Data FUNC CLS 91	41. VET STAT (b) (6) 42. EDU	JC LVL 14	43. SUPV ST	TAT 8	1	44. POSITION	SENSI	FIVITY	NONSEN	SITIVE/L	ow ri	
45 Remarks SALARY INCI (OR OTHER G	UDES A GENERAL INCRE GEOGRAPHIC ADJUSTMENT	ASE OF 1	PERCENT A S AREA.	ND, IF	' APPI	LICABLE	, A L	OCALI	TY PAYM	MENT/SU	PPLEMEN	ITAL RATE
46 Factor 2	dd			FA 21		48		1				
	46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					Authentication			-	cial		
47. Agency Code	48. Personnel Office ID	49. Approval D)ate	1,010	. 107 / E	LLCIRO	TOALL	a GiGi				
EP00	3318	01/08/2017		AUTHORIZING OFFICIAL								

Employee Express

Thrift Savings Plan History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.



Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub-	ch. 4											
1. Name (Last, First,	·		2. Soci	al Securit	y Number		e of Birth		4. Effective	e Date		
HODOH, OFIA B	•					(b)	(6)			01/10/	2016	
FIRST ACTIO	ON			SECO	ND A	CTION						
5-A. Code 894	5–B. Nature of Action GEN ADJ			6-A. Coc	ie	6-В.	Nature of	Action				
5-C. Code	5-D. Legal Authority			6-C. Coc	ie	6-D	. Legal Au	thority				
QWM	REG 531.207											
5-E. Code ZLM	5-F. Legal Authority E.O. 13715 DATED 12/18/15			6-E. Coo	ie	6-F	. Legal Au	thority				
7. FROM: Position 7 PHYSICAL SCII						CIENTIS						
THD00000 D13	30113			THDO	00000	D130113						
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate 12	. Total Salary 13. Pa	ny Basis	16. Pay Pl	an 17. C	Occ. Code	18. Grade o	r Level 19	Step or Ra	te 20. Total Sal	lary/Award 21. Pay Basis	
GS 1301	13 09 1	110476 PA	L	GS	13	301	13		09	111858	PA	
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Bas	-	r Pay	20A. Basic			20B. Locali	ity Adj.		Basic Pay	20D. Other Pay	
92611	17865 110476	0		93542			18316		11185	58	0	
REGION 4 SUPERFUND DIV	ion of Position's Organization VISION ESP., REMVL. & PREV. BR			REGIO SUPER	N 4 FUND D	OIVISION	sition's Or N REMVL. 6					
ATLANTA,GEOI				ATLAN	ATLANTA,GEORGIA							
EMPLOYEE 23. Veterans Prefere			24. Tenure 25. Agency Use						26. Veteran	s Preference for RIF		
(b) (6) 1 - None 2 - 5-Point	5 To Tolke Disability	Point/Other Point/Compensable/30%		1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite						26. Veterans Preference for RIF (b) (6)		
27. FEGLI	•		***************************************	28. Annu	itant Indi	icator	***************************************			29. Pay Rat	te Determinant	
	(b) (6)			9	NOT A	PPLICA	BLE			0		
30. Retirement Plan		31. Service Comp. Date	e (Leave)	32. Work	32. Work Schedule 33. Part-Time Hours Per							
K FERS & F	ICA	(b) (6)		F	F FULL-TIME Biweekly Pay Period							
POSITION D	ATA											
34. Position Occupio		35. FLSA Category		36. Appr	36. Appropriation Code 37. Bargainin						ning Unit Status	
1 - Competitive S 2 - Excepted Ser		E - Exempt N - Nonexempt								1050		
38. Duty Station Coo 13-0280-121	ie	39. Duty Station (City ATLANTA, FULTO			Overseas	Location)						
40. Agency Data	4142.		43.		44	1.						
FUNC CLS 91		1	SUPV ST	AT 8	1		N SENSIT	TIVITY	NONSEN	NSITIVE/L	OW RI	
45. Remarks INCI	JUDES A GENERAL INCRE	ASE OF 1 PERC	ENT A	ND, IF	' APPL	ICABLE	C, A LO	CALIT	Y PAYN	MENT/SUI	PPLEMENTAL RATE	
	6. Employing Department or Agency					50. Signature/Authentication and Title of Approving Official						
	MENTAL PROTECTIO	1		160120	985 / EI	LECTRO	NICALL	Y SIGN	ED BY:			
47. Agency Code EP00	48. Personnel Office ID 3318	49. Approval Date 01/10/2016		AUTHORIZING OFFICIAL								

of Usable After 6/30/93 SN 7540-01-333-6238

Employee Express

Health Benefits History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Effective Date: 01/10/2016								
Employee Name (Last, First, N	ΛI):		SSN	Gend	er	DOB		Married
HODOH OFIA B						(b) (6)		
Home Mailing Address	J		Nature o	f Transa	actio	on:	(b) (6)	
PO BOX 1107			New Enr	ollment	Cod	de:		
					_			
			New Pla	ii ivaiile				
ROSWELL	GA 300771107							
Name of Family Members	Zip	Date	of Birth	Gende	r R	elationship	SSN	
Kilgore Virgil F				(b) (6)			
					$\frac{1}{1}$			
		<u> </u>			 			
				<u> </u>				
		<u> </u>						
					<u> </u>			
					†			
					 			
		(b)	(6)					
Present Plan Name			Enrollment	Code	Eve	ent Code	Date of	Event
	(b) (6)							02/2015
Accordance Data	CPDF Code		Denesia	O#: !!		Davis II Off	San Nice	- h - u
Acceptance Date 12/02/2015 15:35:07		Personnel		ر	Payroll Off		inei	
12/02/2013 13:33:07	EP00	00RT3318 68140108						

1. Name (Last, First		2. Social Security Number 3. Date of Birth 4. Effective Date (b) (6) 11/01/2015													
HODOH, OFIA B							(D	(0)			11/01/	/2015			
FIRST ACTIO	ON				SECO	ND A	ACTIO	N							
5-A. Code 721	5-B. Nature of Action REASSIGNMENT	•			6-A. Co	de	6-	B. Nature o	f Action						
5-C. Code	5-D. Legal Authority				6-C. Co	de	6-	-D. Legal A	uthority						
N3M	REG 335.102 COM	1P													
5-E. Code	5-F. Legal Authority				6-E. Coo	de	6-	-F. Legal A	uthority						
7. FROM: Position 'ENVIRONMEN'	Fitle and Number FAL HEALTH SCIE	NTIST					Title and SCIENT								
THFB0000 004	16432				 THD(00000	D13011	3							
8. Pay Plan 9. Occ. Cod		Step or Rate 12	. Total Salary	13. Pay Basis	16. Pay Pl	r	. Occ. Code		or Level 1	9.Step or R	or Rate 20. Total Salary/Award 21. Pay Basis				
GS 0601	13 0	19 1	110476	PA	GS		1301	13		09	110476		PA		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay	12D. Other Pay	20A. Basic	c Pay		20B. Loca	lity Adj.	20C. Ad	j. Basic Pay	20D. Other	Pay		
92611	17865	110476		0	92611	1		17865		1104	176	0			
	ion of Position's Organi	zation					ocation of l	Position's O	rganizatio	on					
REGION 4 SUPERFUND DI RESOURCE & S	VISION CIENTIFIC INTEGI	RITY BR				FUND	DIVISIO Y RESP.,	ON REMVL.	& PREV	V. BR					
SCIENTIFIC SUI	PPORT SECTION														
ATLANTA,GEO	RGIA				ATLAN	NTA,GI	EORGIA								
EMPLOYEE	DATA														
23. Veterans Prefere		£ 10	Point/Othon		24. Tenu			G.,	25. Ager	ıcy Use	26. Vetera		ce for RIF		
1 - None 2 - 5-Point	3 - 10-Point/Disability 4 - 10-Point/Compensable		Point/Other Point/Compensab	le/30%	0 - None 2 - Conditional 1 - Permanent 3 - Indefinite						(b) (6)				
.27. FEGLI	(b) (6)				28. Annuitant Indicator 9 NOT APPLICABLE						29. Pay Rate Determinant				
30. Retirement Plan	I		31. Service C	Comp. Date (Leave)	32. Worl	k Schedi	ule				33. Part-T	ime Hours	Per		
K FERS & F	ICA		(b) (6)	F	F FULL-TIME Biweekly Pay Period									
POSITION D	ATA														
34. Position Occupi			35. FLSA Ca	ategory	36. Appropriation Code						37. Bargaining Unit Status				
1 - Competitive				- Exempt	St. Appropriation code						1050				
1 2 - Excepted Ser 38. Duty Station Co 13-0280-121		ved	39. Duty Sta	- Nonexempt tion (City - County		Overse	as Locatio	n)			1200				
	1.2	1	AILANIA	,FULTON,GEO	KGIA										
40. Agency Data FUNC CLS 91	VET STAT (b)	(6) 42. EDU	JC LVL 14	43. SUPV ST	TAT 8		44. POSITIO	ON SENSI	TIVITY	NONSE	NSITIVE/L	OW RI			
45. Remarks Selected fi Position 13	ROM RTP-R4-MP- S AT THE FULL	-2015-00 PERFORM	86-13-NO	C VEL OR BAND		DAT	ED 09/	17/15.							
46.5															
	Employing Department or Agency P - ENVIRONMENTAL PROTECTIO						50. Signature/Authentication and Title of Approving Official 151917801 / ELECTRONICALLY SIGNED BY:								
			40.4	1D.	_			ONICALI	71 21GN	EDBI:					
47. Agency Code	48. Personnel Office II	U	49. Approv			ON E. H		o oppio	CD.						
EP00	3318		11/01/201	o .	HUMA	AN RES	SOURCE	ES OFFIC	ĿK						

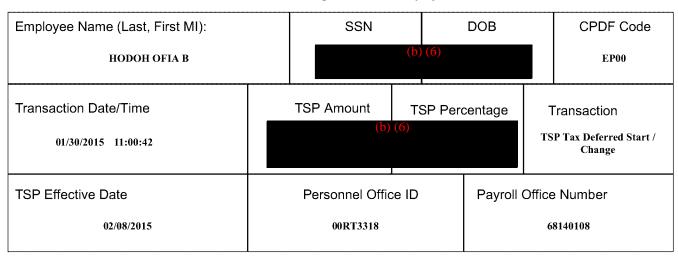
FPM Supp. 296-33, Sub-	cn. 4																
1. Name (Last, First,	•		2. Soc	al Security	Number (b) (of Birth		4. Effective	e Date							
HODOH, OFIA B	J.						(0) (05/03/	2015					
FIRST ACTIO	ON				SECC	ND AC	ΓΙΟΝ										
5-A. Code 893	5-B. Nature of Action REG WRI	n			6-A. Co	de	6-B.	. Nature of A	ection								
5-C. Code	5-D. Legal Authority	,			6-C. Co	de	6-D). Legal Auth	hority								
Q7M	REG 531.404																
5-E. Code	5-F. Legal Authority				6-E. Co	ie	6-F	. Legal Auth	nority								
7. FROM: Position 1 ENVIRONMEN	Title and Number FAL HEALTH SCI	ENTIST				Position Titl RONMEN		lumber HEALTH S	CIEN	ГІSТ							
THFB0000 004	16432				THFI	30000 00	46432						,				
8. Pay Plan 9. Occ. Cod GS 0601		-	. Total Salary 107569	13. Pay Basis PA	16. Pay Pl	an 17. Occ 060		18. Grade or	Level 19	0.Step or Rate	20. Total Sa 110476	lary/Award	21. Pay Basis PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay	12D. Other Pay	20A. Basic	Pay		20B. Locality	Adj.	20C. Adj. 1	Basic Pay	20D. Other	Pay				
90174	17395	107569		0	9261	l		17865		11047	6	0					
REGION 4 SUPERFUND DIV RESOURCE & SO	CIENTIFIC INTEC PPORT SECTION		REGIO SUPER RESOU SCIEN	N 4 FUND DIV IRCE & SO	VISION CIENT PPORT	osition's Org N TIFIC INTE T SECTION	EGRIT										
EMPLOYEE	DATA			<u> </u>													
23. Veterans Prefere	nce	5 10	Point/Other		24. Tenu				5. Agen	cy Use	26. Veterai	ns Preferenc	e for RIF				
(b) (6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensal		Point/Compensat	de/30%	1	0 - None 1 - Permanen		onditional adefinite				(b) (6)					
27. FEGLI	(b) (6)					itant Indica		DI E			-	te Determin:	ant				
30. Retirement Plan			21 Comics (Carrier Date (Learne)		9 NOT APPLICABLE 0 32. Work Schedule 33. Part-Time Hours Per							10				
		Ī	31. Service (b)	Comp. Date (Leave)			DATE.					Biweekly	er				
K FERS & F					F FULL-TIME Pay Period												
POSITION D. 34. Position Occupie			35. FLSA C	otogory	26 Appropriation Code						37. Bargaining Unit Status						
1 - Competitive S			E	- Exempt	36. Appropriation Code						1050	ing omt st	itus				
1 2 - Excepted Ser 38. Duty Station Cod		erved	,,	- Nonexempt tion (City County	ty – State or Overseas Location)						1050						
13-0280-121	ue		1	,FULTON,GEO		Overseas L	ocution)	,									
40. Agency Data FUNC CLS 32	41. VET STAT	(6) 42. EDU	JC LVL 14	43. SUPV S	ГАТ 8	44. PO:	SITIO	N SENSITI	IVITY	NONSEN	SITIVE/L	OW RI					
45. Remarks	RMANCE IS AT	AN ACCER	PARTE T	FVFT OF COM	1DETENIC	· F											
WORK PERFOR	MANCE IS AI	AN ACCEP	TADLE L	EART OL COM	ILTITING	· £. •											
46. Employing Depart	rtment or Agency MENTAL PROTEC	TIO			_			on and Title NICALLY		-	cial						
47. Agency Code	48. Personnel Office		49. Approv	al Date				MOADLI	SIGH.	D1.							
EP00	3318		05/03/201					OFFICER	SUZANNE ROBERTS HUMAN RESOURCES OFFICER								



Employee Express

Thrift Savings Plan History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.



Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

FPM Supp. 296-33, Sub-	ch. 4												
1. Name (Last, First,	Middle)		2. Social Security Number 3. Date of Birth 4. Effective Date										
HODOH, OFIA B	•					(b)	(6)			01/11/2	2015		
FIRST ACTIO)N			SECO	ND A	CTION							
5-A. Code 894	5-B. Nature of Action GEN ADJ			6-A. Coo	de	6-B. N	Nature of	Action					
5-C. Code QWM	5-D. Legal Authority REG 531.207			6-C. Coo	de	6-D.	Legal Au	thority					
5-E. Code ZLM	5-F. Legal Authority E.O. 13686 DATED 12/19/14			6-E. Coo	de	6-F. I	Legal Aut	hority					
7. FROM: Position TENVIRONMENT	Title and Number FAL HEALTH SCIENTIST					Title and Nur IENTAL HI		SCIENT	гіѕт				
THFB0000 004	6432			THE	30000	0046432							
8. Pay Plan 9. Occ. Cod		2. Total Salary	13. Pay Basis	16. Pay Pl			8. Grade o	r Level 19	Step or Rate	20. Total Sal	ary/Award	21. Pay Basis	
GS 0601	13 08	106504	PA	GS	(0601	13		08	107569		PA	
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Ba	sic Pay 1	2D. Other Pay	20A. Basic	e Pay	2	OB. Locali	ty Adj.	20C. Adj. F	Basic Pay	20D. Other	r Pay	
89282	17222 106504		0	90174	4		17395		107569	9	0		
	PPORT BRANCH RVICES SECTION		SUPER TECHN	FUND FUND NICAL	DIVISION SUPPORT SERVICES EORGIA								
EMPLOYEE	DATA												
23. Veterans Prefere	nce		24. Tenu				25. Agene	cy Use	e 26. Veterans Preference for RIF				
(b) (6) 1 - None 2 - 5-Point	5 To Tome Disability	D-Point/Other D-Point/Compensable/3	30%	1	0 - None 1 - Perm						(b) (6)	
27. FEGLI	(1) (6)			28. Annu	itant Inc	dicator			-1	29. Pay Rat	e Determin	iant	
	(b) (6)			9 NOT APPLICABLE 0									
30. Retirement Plan	i		mp. Date (Leave)	32. Work	k Schedu	ıle			-	33. Part-Ti	ime Hours I Biweekly	Per	
K FERS & F	ICA	(b)	(0)	F FULL-TIME Pay Period									
POSITION D.	ATA												
34. Position Occupie	Service 3 – SES General	35. FLSA Cate E = E: N = N:	xempt	36. Appr	opriatio	n Code				37. Bargain 1050	ing Unit St	atus	
29. Duty Station Co.		18 18	onexempt on (City County	y – State or Overseas Location)						1030			
38. Duty Station Cod 13-0280-121			ULTON,GEO			•							
40. Agency Data FUNC CLS 32	41. VET STAT (b) (6) 42. ED	JC LVL 14	43. SUPV ST	ГАТ 8		44. POSITION	SENSIT	TIVITY	NONSEN:	SITIVE/L	OW RI		
	UDES A GENERAL INCRI GEOGRAPHIC ADJUSTMEN			ND, IF	' APPI	LICABLE,	A LC	CALIT	Y PAYM	ENT/SUI	PPLEMEN	NTAL RATE	
46. Employing Depart	rtment or Agency MENTAL PROTECTIO		_		authentication			-	ial				
47. Agency Code EP00	48. Personnel Office ID 3318	Date	AUTH	ORIZI	NG OFFIC	IAL							

1. Name (Last, First,	Middle)			2. Social S	Security Numb	oer 3. Da	te of Birt	h	4. Effective	e Date	
Hodoh,Ofia B.	·					b) (6)			01/12/	2014	
FIRST ACTIO)N			SECON	D ACTIO	N					
5-A. Code 894	5–B. Nature of Action Gen Adj			6-A. Code	6-	-B. Nature of	f Action				
5-C. Code	5-D. Legal Authority			6-C. Code	6	-D. Legal A	uthority				
QWM	Reg 531.207. Pay convat time	of annual pay ad	lj								
5-E. Code ZLM	5–F. Legal Authority			6-E. Code	6	−F. Legal Au	uthority				
7. FROM: Position Environmental H 002096 00046432					ition Title and mental Heal		st				
8. Pay Plan 9. Occ. Cod		- 1	13. Pay Basis	16. Pay Plan	17. Occ. Code		or Level	19.Step or Rat			21. Pay Basis
GS 0601	13 08	105,449.00	PA n	GS	0601	13		08	106,504	1	PA
12A. Basic Pay 88,397.00	12B. Locality Adj. 12C. Adj. Ba 17,052.00 105,449.		Other Pay	20A. Basic Pay 89,282.0		20B. Local		20C. Adj.		20D. Other \$0	Pay
DeptID: 00000049 Environmental Pr Region 4 Atlanta, Superfund Divisio Superfund Suppo Technical Service Atlanta GA USA	n, rt Branch, s Section			DeptID: 00 Environme Region 4 A Superfund Superfund	Division, Support Br Services Sec	Org Cd: 90 tion Agency anch,	497300	on			
23. Veterans Prefere				24. Tenure			25. Age	ncy Use	26. Veterar	ns Preferenc	e for RIF
(b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 5 - 1)Point/Other)Point/Compensable/30%		0-		– Conditional – Indefinite	8			(b) (6)	
27. FEGLI	(1) (6)			28. Annuitai	nt Indicator				29. Pay Ra	te Determin	ant
	(b) (6)				ot Applicab	le) Regular 1	
30. Retirement Plan		31. Service Comp.								ime Hours I Biweekly	Per
K FERS and		(b) (6)		F F	ull Time					Pay Period	
POSITION D		T									
1 - Competitive S	Service 3 – SES General	E E - Exemp	pt	36. Appropr	iation Code				37. Bargair	ning Unit St	atus
38. Duty Station Co. 13-0280-121		39. Duty Station (Atlanta Fulton	City - County	– State or Ov	erseas Locatio	on)			1		
40. Agency Data	41. 42.	1 1111111	43.		44.						
001	05/06/2012		BWA		PAR Nu	mber:					
45. Remarks Salary incl	udes a general incre	ease of 1 pe	ercent an	nd a loc	cality pa	ayment	appli	cable i	n this	area.	
46. Employing Depa	• •			_	ıre/Authentica		le of App	oroving Offic	cial		
Environmental P 47. Agency Code	48. Personnel Office ID	49. Approval Dat	to.	-	L. Roberts Resources C						
EP00	3318	01/12/2014	ic	mullan l	kesources (Hicer					

1. Name (Last, First	Middle)			2. Socia	Security N		3. Date of	f Birth		4. Effective	Date	
Hodoh,Ofia B.						(b) (6)			06/16/2	2013	
FIRST ACTIO)N			SECO	ND ACT	ION						
5-A. Code	5-B. Nature of Action			6-A. Code	,	6-B. N	ature of Ac	tion				
002	Correction			471		Furlo	ugh					
5-C. Code	5-D. Legal Authority			6-C. Code VAJ	;		Legal Author.C. 75.Adv	-	ations			
5-E. Code	5-F. Legal Authority			6-E. Code		-	Legal Autho		cuons.			
							g	,				
7. FROM: Position Environmental H 002096 00046432				15. TO: Po	osition Title	and Nun	nber					
8. Pay Plan 9. Occ. Cod GS 0601	10. Grade or Level 11. Step or Rate 1 13 08		. Pay Basis PA	16. Pay Plai	17. Occ.	Code 18	3. Grade or Lo	evel 19.S	Step or Rate	20. Total Sal	ary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Ba	-	ther Pay	20A. Basic l	ay	20	0B. Locality A	Adj.	20C. Adj. E	Basic Pay	20D. Other	Pay
88,397.00	17,052.00 105,449.	00 0					tion's Orgai					
DeptID: 00000049 Environmental Pr Region 4 Atlanta, Superfund Divisio Superfund Suppo Technical Service Atlanta GA USA	29 Org Cd: 90497300 otection Agency n, rt Branch, s Section					•						
EMPLOYEE 23. Veterans Prefere				1 1 m			25		* 1	26 Materia	. D C	· C· · DIF
(b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 5 - 1	D-Point/Other D-Point/Compensable/30%		24. Tenur	e 0 – None 1 – Permanent	2 - Cond 3 - Indef	litional	. Agency	/ Use	26. Veteran	(b) (6)	e for Kir
27. FEGLI	4 - 10-ronin-compensatie	- Tollie Compensation 50 / 1			ant Indicat					29. Pay Rat	e Determin	ant
	(b) (6)			9	Not Appli	cable				0 0	Regular	Rate
30. Retirement Plan		31 Service Comp [(b) (6)	ate (Leave)	32. Work	Schedule				-	33. Part-Ti	me Hours l Biweekly	Per .
K FERS and	FICA			F	Full Time						Pay Period	
POSITION D												
34. Position Occupion 1 - Competitive 2 - Excepted Ser	Service 3 – SES General	E E - Exempt N - Nonexen		36. Appro	priation Co	de				37. Bargain 1050	ing Unit St	atus
38. Duty Station Co 13-0280-121	ie	39. Duty Station (Ci Atlanta Fulton C		- State or C	verseas Lo	cation)						
40. Agency Data	41. 42.	1	43.		44.							
001	05/06/2012		BWA		PAF	Numbe	er:					
45. Remarks				(1) (6)								
				(b) (6)								
46. Employing Depa	rtment or Agency			50. Signa	ture/Authe	ntication	and Title of	f Appro	ving Offic	ial		
Environmental P				_	e L. Rob							
47. Agency Code	48. Personnel Office ID	49. Approval Date		Human	Resourc	es Offic	cer					
EP00	3318	09/13/2013										

ot Usable After 6/30/93 SN 7540-01-333-6238

FPM Supp. 296-33, Sub	ch. 4													
1. Name (Last, First	, Middle)					2. Soci	al Secu	rity Numb		e of Birt	th	4. Effectiv	e Date	
Hodoh,Ofia B.								(1	b) (6)			06/15/	/2013	
FIRST ACTIO	ON					SECO	ND A	ACTIO	N					
5-A. Code 881	5-B. Nature of Action FEGLI Chg					6-A. Coo	de	6	B. Nature of	Action				
5-C. Code	5-D. Legal Authority					6-C. Coo	de	6-	-D. Legal Au	ıthority				
DPM	5 U.S.C., Chapter 8	87.Life Insu	rance.			6.5.6								
5-E. Code	5-F. Legal Authority					6-E. Coo	1e	6-	-F. Legal Au	ithority				
7. FROM: Position Environmental H 002096 00046432	Iealth Scientist	ı		1		Envir 00209 00046	onmei 6 432		th Scientis					T
8. Pay Plan 9. Occ. Cod GS 0601	10. Grade or Level 11. S		. Total Salary 105,449.00	- 1	Pay Basis A	16. Pay Pl GS		. Occ. Code 0601	18. Grade o	or Level	19.Step or Ra 08	te 20. Total Sa 105,449		21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi		12D. Ot	her Pay	20A. Basic	Pay		20B. Local	ity Adj.		. Basic Pay	20D. Other	
88,397.00	17,052.00	105,449.0	00	0		88,39	7.00		17,052	.00	105,4	149.00	\$0	
DeptID: 00000049 Environmental Pr Region 4 Atlanta, Superfund Divisio Superfund Suppo Technical Service Atlanta GA USA	uperfund Division, uperfund Support Branch, echnical Services Section tlanta GA USA EMPLOYEE DATA							004929 (497300	ion			
	EMPLOYEE DATA 3. Veterans Preference									25. Age	ncy Use	26. Vetera	ns Preferenc	ce for RIF
(b) (6) 1 - None 2 - 5-Point	3 – 10-Point/Disability 4 – 10-Point/Compensable		-Point/Other -Point/Compensal	ble/30%		1	0 - Non 1 - Peri		- Conditional - Indefinite	8			(b) (6)	
27. FEGLI						28. Annu	7			1		29. Pay Ra	te Determin	ant
	(b) (6)			_		9		Applicabl	le			-	0 Regular	
30. Retirement Plan			31. Service (Comp. Da b) (6)	ate (Leave)		1						ime Hours l Biweekly	Per
K FERS and				-) (-)		F	Full '	Fime				00	Pay Period	
POSITION D. 34. Position Occupi			25 ELSA C			26 1	4 !	C				27 Banasi	ning Unit St	-4
1 - Competitive	Service 3 - SES General			– Exempt		36. Appr	оргаси	on Code				1050	ining Cint St	atus
1 2 - Excepted Ser 38. Duty Station Co		ved	39. Duty Sta	- Nonexemp tion (Cit	•	– State or	Overse	as Locatio	on)			1030		
13-0280-121			Atlanta Fu						,					
40. Agency Data 001	41. 05/06/2012	42.			43. BWA			44. PAR Nu	mber:					
45. Remarks		I												
46. Employing Depa									tion and Tit	le of App	oroving Off	icial		
	rotection Agency		40 .	-1 B -1		-		Roberts						
47. Agency Code EP00	48. Personnel Office II 3318	v	49. Approv 06/04/201			Huma	ın Kes	ources C	micer					



Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Sunp. 296–33. Sulpch. 4

11 11 Вирр. 220 33, Вив	C11. 1										
1. Name (Last, First,	Middle)			2. Soci	al Security	Number 3. Da	te of Birtl	h	4. Effective	e Date	
Hodoh,Ofia B.						(b) (6)			04/21/2	2013	
FIRST ACTIO	ON			SECO	ND AC	ΓΙΟΝ					
5-A. Code	5-B. Nature of Action			6-A. Cod	le	6-B. Nature o	f Action				
471	Furlough										
5-C. Code	5-D. Legal Authority			6-C. Cod	le	6-D. Legal A	uthority				
VAJ	5 U.S.C. 75.Adverse actions.										
5-E. Code	5-F. Legal Authority			6-E. Cod	le	6-F. Legal A	uthority				
7. FROM: Position	Fitle and Number			15. TO: I	Position Tit	e and Number					
Environmental H				10.10.1	OSKION TIC	e unu i uniber					
002096 00046432											
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate 12	. Total Salary 13.	Pay Basis	16. Pay Pla	n 17. Occ	. Code 18. Grade	or Level 1	9.Step or Rat	e 20. Total Sal	ary/Award	21. Pay Basis
GS 0601	13 08	105,449.00 I	PA.								
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Bas	ic Pay 12D. O	ther Pay	20A. Basic	Pay	20B. Loca	lity Adj.	20C. Adj.	Basic Pay	20D. Other	Pay
88,397.00	17,052.00 105,449.0	0 0									
	ion of Position's Organization	,		22. Name	and Locati	on of Position's O	rganizati	on			
Dept1D: 00000049 Environmental Pr	29 Org Cd: 90497300										
Region 4 Atlanta,											
Superfund Division Superfund Support											
Technical Services											
Atlanta GA USA				L							
EMPLOYEE 23. Veterans Prefere				A4 75			25 4		26 3/	. D . C	. C. DIE
(b) (6) 1 - None	3 - 10-Point/Disability 5 - 10	-Point/Other		24. Tenu	0 - None	2 - Conditional	25. Agei	icy Use	26. Veteran	(b) (6)	
2 - 5-Point 27. FEGLI	4 ~ 10-Point/Compensable 6 - 16	Point/Compensable/30%		28 Annu	1 - Permanen itant Indica		8		20 Pay Dat	a Dataumin	ont .
27. FEGLI	(b) (6)		Ī	9 9	Not App				0 0	e Determin Regular	
30. Retirement Plan		31. Service Comp. D	ate (Leave)	32. Work	Schedule				33. Part-Ti		
K FERS and	FICA	(b) (6)		F	Full Tim	<u>a</u>			00	Biweekly	
POSITION D.				_	1 411 11111				00	Pay Period	
34. Position Occupio		35. FLSA Category		26 Appr	opriation C	a da			37. Bargain	ing Unit St	atus
1 - Competitive 5		F - Evennt		30. Appro	opriation C	oue				ing Onic Sc	atus
1 2 - Excepted Ser		E N-Nonexem	•		-				1050		
38. Duty Station Co.	de	39. Duty Station (Ci Atlanta Fulton G		– State or	Overseas L	ocation)					
	41. 42.	Atlanta Tutton C	43.		44.						
40. Agency Data 001	05/06/2012		BWA		1	R Number:					
45. Remarks			1								
43. Kemarks		(b) (c	5)						Ī		
46. Employing Depa				50. Sign	ature/Auth	entication and Tit	le of App	roving Offic	cial		
Environmental P	rotection Agency			Suzan	ne L. Rol	perts					
47. Agency Code	48. Personnel Office ID	49. Approval Date		Huma	n Resour	ces Officer					
EP00	3318	04/21/2013		1							

FPM Supp. 296-33, Sub	ch. 4					7			1				
1. Name (Last, First,	Middle)					2. Soci	al Securit			th	4. Effecti	ve Date	
Hodoh,Ofia B.								(D)	(6)		02/10	/2013	
FIRST ACTIO	ON					SECO	ND A	CTION	N				
5-A. Code 800	5-B. Nature of Action					6-A. Coo	le	6I	3. Nature of Action				
5-C. Code	5-D. Legal Authority					6-C. Coc	le .	6	D. Legal Authority				
CGM	5 U.S.C. 552a(e)(0 0.00			D. Legal Additiontly				
5-E. Code	5-F. Legal Authority	· ·				6-E. Coc	le	6-	F. Legal Authority				
002096 00046432 8. Pay Plan 9. Occ. Cod 0601 12A. Basic Pay 88,397.00 14. Name and Locat DeptID: 00000049 Environmental Pr Region 4 Atlanta, Superfund Divisio Superfund Suppo Technical Service: Atlanta GA USA EMPLOYEE 23. Veterans Prefere 1 - None 2 - 5 - Point	Chvironmental Health Scientist 02096 0046432 Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Bas 105,449.00 PA A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay 183,397.00 17,052.00 105,449.00 0 4. Name and Location of Position's Organization 10000004929 Org Cd: 90497300 10000004929 Org Cd: 90497300 100000004929 Org Cd: 90497300 1000000004929 Org Cd: 90497300 1000000000000000000000000000000000							ation of P 4929 O Protectic a, sion, oort Bra ces Secti	18. Grade or Level 13 20B. Locality Adj. 17,052.00 cosition's Organizatorg Cd: 90497300 on Agency nch, on	08 20C. Adj. 105,4	105,44 Basic Pay 49.00	20D. Other \$0	ce for RIF
27. FEGLI	(b)	(6)				28. Annu	1				•	ate Determi	
20. Detinoment Blan		(0)	4.6.	S D /	<i>a</i> .	9 32. Work	_	plicable	2		0	0 Regular	
					e (Leave)]					Time Hours Biweekly	Per
K FERS and						F	Full Ti	me			00	Pay Perioc	l
POSITION D. 34. Position Occupio			T								T		
1 - Competitive			35. FLSA C	ategory – Exempt		36. Appr	opriation	Code				ining Unit S	tatus
1 2 - Excepted Ser		erved	E N	- Nonexempt							1050		
38. Duty Station Co. 13-0280-121	de		39. Duty Sta Atlanta Fu	` •	•	- State or	Overseas	Location	1)				
40. Agency Data 001	41. 05/06/2012	42.		1	13. BWA		44	l. AR Nun	nhau.				
45. Remarks Changes in	data element			his ch	ange	to you				.nistra	tive ch	aange o	nly and
46. Employing Depa Environmental P						50. Sigr	nature/Au	thenticat	ion and Title of Ap	proving Offi	cial		
	rotection Agency					Suzan	ne L. R	oberts	-				

ot Usable After 6/30/93 SN 7540-01-333-6238



Life Insurance Election

Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

Ingurance Program

General Instructions
By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become

eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

• Read the back of Part 3 - Employee Copy carefully.

 Assignees completing this form should read Items 5 and 6 on the back of Part 3.

Give all parts of your completed form to your employing office.
 Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

Form Approved:

Lii	*This	election sup	ersedes a	ll previous elec	ctions.*		
○ Fi	ill in identifying information concerning the	employee.				· · · · · · · · · · · · · · · · · · ·	
2 🖟	lame (last, first, middle)			Date of hirth (mm/dd/)		rity Number	
	łodoh, Ofia, B				(b) (6)		
- 1	imploying department or agency	OWCP clai if applicabl		Location of departmen work (city, state, ZIP c		Daytime tel	ephone numb e r urea code)
E	Environmental Protection Agency			Atlanta, GA 30303			(b) (6)
	o elect or retain Basic, sign and date belosurance. If you do not want any insurance at			, you (or your assigne	ee) may not elect or r	etain any fo	orm of optional
	I want Basic. I authorize deducti	ons to pay my share	of the cost. (B	sic may be provided wi	thout cost to U.S. Posta	l Service em	ployees.)
	SIGNATURE (Do not print. On attorney are not valid.)	ly you or your assig	nee may sign. S	ignatures by guardians,	conservators or throug	h a power o	Date (mm/dd/yyyy) 12/04/2012
4	If you signed for Basic in item of these options, in which case box(es) below for any option(s) opportunities to enroll in it are st	you may elect only you are eligible for rictly limited.	those options we r and wish to e	hich you are eligible to ect or retain. If you do	elect as outlined in the not sign for an option,	FEGLI Pro you have w	viously waived any or all ogram Booklet). Sign the vaived it and your future
	You will not be covered		***	not sign below, regardi	ess of whether you pre	viously elect	ed the option(s).
	Option A - Standard	Section Ch		(thought)		he C. I	
I want Op I authoriz	ption A. ze deductions to pay the full cost. (b) (indicate below. I a		my annual basic pay I ons to pay the full cost.		multiple is ve, and \$2,500	worth \$5,000 upon 0 upon the death of an
	(6) (0)			eligible child. I author	(1)	
						(b) (6	
may sign.	TURE (Do not print. Only you or your assignee Signatures by guardians, conservators or	may sign. Signatur	es by guardians		SIGNATURE (Do no may sign. Signatures l	by guardians	, conservators or
through	a power of attorney are not valid !	through a power o	(b) (6)	through a power of at	ornovara B	AF VAIIA)
E If	you want NO life insurance coverage.	sign and date be	low.				
3 "	I want NO life insurance covers			rance I have will store	at the and of the last	day of the	ray pariad in subject my
	employing office receives this value and satisfactory medical information open season, which is held infred waive life insurance coverage no	vaiver. Further, I c or (2) I experience quently. I understar	annot get Basic e a life event, or ad that I cannot	life insurance unless ((3) I have a break in F get any optional insuran	1) I wait at least 1 yearderal service of at least	ar after I sig st 180 days,	on this form and submit or (4) I participate in an
I	SIGNATURE (Do not print. On	ly you or your assig	nee may sign. S	ignatures by guardians,	conservators or throug	h Date (mm/dd/yyyy)
	a power of attorney are not valid	()					
A	gency Remarks:		1				newly eligible employee,
6 Us			b) (6)			Numbe	0" for event. er of event permitting
	ame and address of employing office	,		in employing office Ef			ck of Part 2)
WS	EPA 109 TUALXand	LRDR	(mm/dd/yyyy)	7/6/12 ""		2	CK 0) T (1/1 2)
	RTP NE 27711			uthorized agency officia			
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PART 1 - File in Official Personnel Folder

The employee's copy of this form, when completed by the employing office, together with the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) constitute the employee's Certificate (proof) of

U.S. Office of Personnel Management
www.opm.gov/insure/life

Previous edition is not usable.

Standard Form 2817 Revised November 2011





Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub-	ch. 4				,		,					
1. Name (Last, First,	Middle)				2. Soc	ial Security N		te of Birtl	h	4. Effecti	ve Date	
Hodoh,Ofia B.							(b) (6)			05/00	5/2012	
FIRST ACTIO	ON				SECO	OND ACT	CION					
5-A. Code 893	5-B. Nature of Action Reg WRI	n			6-A. Co	de	6-B. Nature o	f Action				
5-C. Code Q7M	5-D. Legal Authority Reg 531.404. Wit		erassa		6-C. Co	de	6-D. Legal A	uthority				
5-E. Code	5-F. Legal Authority		crease.		6-E. Co	de	6-F. Legal A	uthority				
	tealth Scientist 10. Grade or Level 11 13 12B. Locality Adj. 16,591.00 100 of Position's Organ 29 Org Cd: 90497 otection Agency on, rt Branch,	13. Pay Bas PA 12D. Other Pay 0	Environment of the control of the co	ronmental 1 66 6432 Ian 17. Occ. 060 I c Pay 7.00 e and Locatio : 000000492	20B. Loca 17,05: on of Position's C 29 Org Cd: 90 otection Agence	or Level 1 dity Adj. 2.00 Organizatio	9.Step or Rat 08 20C. Adj. 105,44	105,44 Basic Pay		21. Pay Basis PA r Pay		
EMPLOYEE 1	DATA				Attanta	GAUSA						
23. Veterans Prefere (b) (6) I - None	3 - 10-Point/Disability		0-Point/Other		24. Tenu	0 - None	2 - Conditional	25. Ager	ncy Use	26. Vetera	ans Preferen	
27 FECLI	4 - 10-Point/Compensal	ble 6 – 10	0-Point/Compensat	ble/30%	28 Anni	1 - Permanent iitant Indicat	3 - Indefinite	8		20 Pay D	ate Determi	
-	(b) (6)				9	Not Appli				0	0 Regular	
30. Retirement Plan				Comp. Date (Le	eave) 32. World	k Schedule				33. Part-	Time Hours	Per
K FERS and	FICA		(b)) (6)	F	Full Time				00	Biweekly Pay Perioc	1
POSITION D	ATA									-		
34. Position Occupie	ed		35. FLSA C	ategory	36. Appı	opriation Co	de			37. Barga	ining Unit S	tatus
1 - Competitive S 2 - Excepted Ser		erved		– Exempt – Nonexempt						0012		
38. Duty Station Cod	de		1	tion (City - Co	•	Overseas Lo	cation)			'		
13-0280-121		1	Atlanta Fu	ılton GA US	A							
40. Agency Data 001	41. 05/06/2012	42.		43. BW.	A	44. PAF	Number:					
The waiting	rmance is at g period for be changed b	your nex	kt withi	n-grade :	increase	is 156						
46. Employing Depar	rtment or Agency											
	rotection Agency					nature/Authe ine L. Rob	ntication and Ti erts	tle of App	roving Offic	cial		

ot Usable After 6/30/93 SN 7540-01-333-6238

11 и вирр. 250 35, вив	-111 1											
1. Name (Last, First,	Middle)		2. Socia	al Security N	umber	3. Date	of Birth	1	4. Effective	e Date		
Hodoh,Ofia B.						(b)	(6)			11/04/	2011	
FIRST ACTIO	ON			SECO	ND ACT	ION						
5-A. Code	5-B. Nature of Action			6-A. Cod	le	6-B. I	Nature of .	Action				
800	Chg in Data Element											
5-C. Code	5-D. Legal Authority			6-C. Cod	le	6-D.	Legal Aut	thority				
CGM	5 U.S.C. 552a(e)(5). Accuracy	of personnel actio	ons									
5-E. Code	5-F. Legal Authority			6-E. Cod	e	6-F.	Legal Aut	hority				
7. FROM: Position	Fitle and Number			15 TO: I	Position Title	and Nu	mbor					
Environmental H					onmental H			:				
002096				00209								
00046432 8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate 1	. Total Salary 1	3. Pay Basis	000464 16. Pay Pla		Code 1	18. Grade or	r Level 1	9.Step or Rate	e 20. Total Sal	arv/Award	21. Pay Basis
GS 0601			PA	GS	0601		13		07	102,599.		PA
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Ba	ic Pay 12D. 0	Other Pay	20A. Basic	Pay	:	20B. Localit	ty Adj.	20C. Adj.	Basic Pay	20D. Other	Pay
86,008.00	16,591.00 102,599.	0 0		86,008	3.00		16,591.0	00	102,59	99.00	\$0	
14. Name and Locat	ion of Position's Organization			22. Name	and Location	n of Pos	ition's Or	ganizatio	on		I	
-	29 Org Cd: 90497300				000000492	•	•	97300				
Environmental Pr Region 4 Atlanta,	otection Agency				mental Pro I Atlanta,	tection	Agency					
Superfund Divisio	· ·				nd Division							
Superfund Support Technical Services				-	nd Support al Services							
Atlanta GA USA	Section				GA USA	Section	•					
EMPLOYEE	DATA											
23. Veterans Prefere (b) (6) 1 - None		-Point/Other		24. Tenu	re 0 – None	2 Cor	nditional	25. Ager	ncy Use	26. Veteran	200 3 2 40 40 3	ce for RIF
2 - 5-Point	,	9-Point/Compensable/30%		1	1 - Permanent	3 - Ind		8			(b) (6)	
27. FEGLI	(b) (6)				itant Indicate					29. Pay Rat		
20 P. di				9	Not Appli	cable				1	Regular	
30. Retirement Plan		31. Service Comp.	Date (Leave)	32. Work	Schedule					33. Part-Ti	ime Hours l Biweekly	Per
K FERS and	FICA	(b) (6)		F	Full Time						Pay Period	
POSITION D		ſ								1		
34. Position Occupie		35. FLSA Category	•	36. Appro	opriation Co	de				37. Bargain	ing Unit St	atus
1 - Competitive S 2 - Excepted Ser		E - Exempt								0012		
38. Duty Station Cod	de	39. Duty Station (C	City - County	– State or	Overseas Lo	cation)						
13-0280-121		Atlanta Fulton	GA USA									
40. Agency Data	41. 42.		43.		44.	3.7						
001	05/10/2009		BWA		PAR	Numb	er:					
45. Remarks												
Changes dat	ta element(s) in bloo	ck(s) 37 and	1 40.									
				1								
46. Employing Depar					ature/Authe		n and Title	e of App	roving Offic	cial		
Environmental P	rotection Agency			Suzan	ne L. Robe	erts						
47. Agency Code EP00	48. Personnel Office ID	49. Approval Date)	Huma	n Resourc	es Offi	icer					

11 M Supp. 270 33, Suber	14 7										
1. Name (Last, First, I	Middle)			2. Socia	ıl Security N			h	4. Effective	Date	
Hodoh,Ofia B.						(b)) (6)		3/26/2	010	
FIRST ACTIO	N			SECO	ND ACT	ION					
5-A. Code	5-B. Nature of Action			6-A. Cod	e	6-B.	Nature of Action				
800	Chg in Data Element										
5-C. Code	5–D. Legal Authority			6-C. Cod	e	6-D	. Legal Authority				
CGM	5 U.S.C. 552a(e)(5). Accuracy	of personnel act	ions								
5-E. Code	5–F. Legal Authority			6-E. Cod	e	6-F	. Legal Authority				
7. FROM: Position Ti Environmental He 002096 00046432	ealth Scientist			Enviro 002090 000464	132	Health	Scientist				ı
8. Pay Plan 9. Occ. Code GS 0601		. Total Salary 102,599.00	13. Pay Basis PA	16. Pay Pla GS	n 17. Occ. 0601		18. Grade or Level 1	9.Step or Ra	102,599		21. Pay Basis PA
	12B. Locality Adj. 12C. Adj. Bas		O. Other Pay	20A. Basic			20B. Locality Adj.		. Basic Pay	20D. Other	
86,008.00	16,591.00 102,599.0	-	_	86,008	•		16,591.00	_	599.00	\$0	ray
	on of Position's Organization	,,,				n of Po	sition's Organizati		.,,,,,,	ψ0	
DeptID: 000000492 Environmental Pro Region 4 Atlanta, Superfund Division Superfund Support Technical Services Atlanta GA USA	e9 Org Cd: 90497300 Stection Agency I, t Branch, Section			DeptID: Environ Region 4 Superfur Superfur Technica		29 Or otection 1, t Bran	g Cd: 90497300 n Agency ch,				
EMPLOYEE D 23. Veterans Preferen				24. Tenui	.		25. Agei	ncy Use	26. Veterar	s Preferenc	re for RIF
(b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 5 - 10	Point/Other Point/Compensable/30%	<u> </u>	1	0 - None 1 - Permanent		onditional 8		20. Veteral	(b) (6)	
27. FEGLI	4 – 10 – romu Compensable 0 10				tant Indicat		3		29. Pay Ra	e Determin	lant
(b) (6)				9	Not Appli					Regular	
30. Retirement Plan		31. Service Comp	o. Date (Leave)	32. Work	Schedule				33. Part-T	me Hours	Per
K FERS and F	FICA	(b) (6)		F	Full Time				00	Biweekly	
POSITION DA				-						Pay Period	•
34. Position Occupied		35. FLSA Catego	NTV	36 Appro	priation Co	.de			37. Bargair	ing Unit St	atus
1 - Competitive Se	rvice 3 – SES General	E - Exen	npt	зоттррго	princion co	·uc				ang care se	
1 2 - Excepted Service		E N-None		Ct.t.	O I .				7777		
38. Duty Station Code 13-0280-121	e	39. Duty Station Atlanta Fulton		- State or	Overseas Lo	cation)					
	41. 42.	111111111111111111111111111111111111111	43.		44.						
40. Agency Data 100	05/10/2009		BWA			R Num	ber:				
45. Remarks Changes data	a element(s) in bloc	ek(s) 48.									
46. Employing Depart Environmental Pr 47. Agency Code EP00		49. Approval Da	ıte	Suzanı	ature/Authe ne L. Rob n Resourc	erts	on and Title of App ficer	roving Off	icial		

FPM Supp. 296-33, Sub	ch. 4													
1. Name (Last, First,	Name (Last, First, Middle)							rity Numb	er 3. Dat	e of Birt	h	4. Effecti	ve Date	
Hodoh,Ofia B.								(t)) (0)			1/3/2	010	
FIRST ACTIO	ON					SECO	ND.	ACTIO	N					
5-A. Code 894	5–B. Nature of Action Gen Adj					6-A. Cod	le	6-	B. Nature of	Action				
5-C. Code	5-D. Legal Authority					6-C. Coc	le	6-	-D. Legal Au	ıthority				
QWM 5-E. Code	Reg 531.205. Pay conva	t time	of annual j	pay adj		6-E. Cod	lo.	6-	-F. Legal Au	thority				
ZLM	E.O. 13525					0 E. Coo	ie	0	r. Legai Au	ithority				
7. FROM: Position Environmental H 002096 00046432	lealth Scientist					Envir 00209 00046	onme 6 432		th Scientis	,	10.0	- leo m . 16		
8. Pay Plan 9. Occ. Cod GS 0601	le 10. Grade or Level 11. Step or 13 07		10tal Salary	- 1	. Pay Basis PA	16. Pay Pla GS	an I	7. Occ. Code 0601	18. Grade 6	or Level	19.Step or 07	Rate 20. Total S 102,59		21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj. 12C. A	Adj. Basi	ic Pay	12D. C	Other Pay	20A. Basic	Pay		20B. Local	ity Adj.	20C. A	dj. Basic Pay	20D. Othe	r Pay
84,739.00	15,719.00 100	0,458.0	0	0		86,00	8.00		16,591	.00	102	2,599.00	\$0	
DeptID: 00000049 Environmental Pr Region 4 Atlanta, Superfund Divisio Superfund Suppo Technical Service Atlanta GA USA	on, rt Branch, s Section		DeptID: Environ Region (Superfu Superfu	0000 ment 4 Atla nd Di nd Su al Ser	004929 (al Protect nta, vision, apport Bra vices Sect		497300							
EMPLOYEE 23. Veterans Prefere						24. Tenu	re			25. Age	ncy Use	26. Veter:	ns Preferen	ce for RIF
(b) (6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable		Point/Other Point/Compens:	able/30%		1	0 - No		- Conditional - Indefinite	8			(b) (6)	
27. FEGLI	(b) (6)		······			28. Annu	1			1	I	29. Pay R	ate Determi	nant
20 D 11 D	(b) (6)					9		Applicabl	le			0	0 Regular	
30. Retirement Plan				Comp. I	Date (Leave)	32. Work]						Time Hours Biweekly	Per
K FERS and			(0)	(0)		F	Full	Time				00	Pay Period	<u> </u>
POSITION D. 34. Position Occupio			25 FI 64 6	3.4		26.4	• . 4					27 D	· · · · · · · · · · · · · · · ·	
1 - Competitive S				E – Exempt		36. Appr	opriati	on Code					ining Unit S	tatus
1 2 - Excepted Ser				N - Nonexer	ity – County	- State or	Overs	eas Lacatio	.n)			7777		
38. Duty Station Co. 13-0280-121	ae		Atlanta F			State of	Overs	cas Locatio	·11 <i>)</i>					
40. Agency Data	41. 05/10/2009	42.			43. BWA			44. PAR Nu	mber:					
45. Remarks Salary incl	ludes a general i	ncre	ase of	1.5	percent	and a	loc	cality	payment	t app	licab	le in th	nis are	a.
46. Employing Depa						50. Sign	nature/	Authentica	tion and Tit	le of App	oroving C	Official		
Environmental P			40 1				m							
47. Agency Code EP00	48. Personnel Office ID 3257		49. Appro-			Huma	n Ke	sources S	pecialist					

ot Usable After 6/30/93 SN 7540-01-333-6238 Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub	ch. 4													
1. Name (Last, First,	Middle)					2. Soci	al Securi	ty Numbe		Birth		4. Effecti	ve Date	
Hodoh,Ofia B.							A	(1	0) (6)			5/10/	2009	
FIRST ACTIO	ON					SECO	ND A	CTION	N					
5-A. Code 893	5-B. Nature of Action	n				6-A. Coo	le	6-I	3. Nature of Acti	ion				
5-C. Code Q7M	5-D. Legal Authority Reg 531.404. Wit		crassa			6-C. Coo	ie	6-	D. Legal Author	rity				
5-E. Code	5-F. Legal Authority		crease.			6-E. Coc	ie	6	F. Legal Author	ity				
7. FROM: Position 7 Environmental H 002096 00046432							onmen 6	Title and I tal Healt	Number h Scientist					
8. Pay Plan 9. Occ. Cod			-		Pay Basis	16. Pay Pl		Occ. Code	18. Grade or Lev					21. Pay Basis
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12A. Basic Pay 84,739.00	12B. Locality Adj. 15,719.00	12C. Adj. Bas 100,458.		12D. Oth	ier Pay	20A. Basic 84,73	-		20B. Locality Ac 15,719.00	dj.	20C. Adj. I 100,45		20D. Othe \$0	r Pay
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27. FEGLI	(b) (6)					28. Annu 9	1	licator pplicable)		-	29. Pay R 0	ate Determi 0 Regular	
30. Retirement Plan		_	31. Service C	Comp. Da	te (Leave)	32. Work	Schedu	le				33. Part-	Time Hours	Per
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34. Position Occupie	ed		35. FLSA C	ategory		36. Appr	opriatio	1 Code				37. Barga	ining Unit S	tatus
1 - Competitive S		erved		– Exempt – Nonexemp	t							7777		
38. Duty Station Coo 13-0280-121			39. Duty Sta	` •		- State or	Oversea	s Location	1)		·	1		
40. Agency Data	41.	42.	Atlanta T		43.			4.	_					
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The waiting	rmance is at g period for be changed but.	your nex	xt withi	n-gra	de inc	rease	is 15							
46. Employing Depar						50. Sign	nature/A	uthenticat	ion and Title of	Approv	ving Offic	rial		
Environmental P	48. Personnel Office	ID	49. Approv	ral Date		Huma								

ot Usable After 6/30/93 SN 7540-01-333-6238

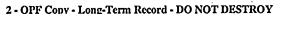
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1. Name (Last, First,	Middle)			2. Soci	al Security N			e of Birt	h	4. Effectiv	e Date	
Hodoh,Ofia B.						(b)	(6)			1/4/20	109	
FIRST ACTIO	DN			SECO	ND ACT	ION						
5-A. Code 894	5–B. Nature of Action Gen Adj			6-A. Co	ie	6-B.	Nature of	Action				
5-C. Code	5-D. Legal Authority			6-C. Co	ie	6-D	. Legal Au	ıthority				
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5-E. Code ZLM	5-F. Legal Authority E.O. 13454			6-E. Coo	le	6-F	. Legal Au	thority				
7. FROM: Position Environmental H 002096 00046432	ealth Scientist			Envir 00209 00046	432	lealth	Scientis	,		I		[
8. Pay Plan 9. Occ. Cod GS 0601		. Total Salary 93,916.00	13. Pay Basis PA	16. Pay Pl GS	an 17. Occ. 0 0601	Code	18. Grade 6	or Level	19.Step or Rat 06	e 20. Total Sa		21. Pay Basis PA
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23. Veterans Prefere				24. Tenu	re			25. Age	ncy Use	26. Vetera	ns Preferenc	e for RIF
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27. FEGLI	(1) (6)			28. Annu	itant Indicato	r		1		29. Pay Ra	te Determin	ant
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34. Position Occupie		35. FLSA Cate	_ ,	36. Appr	opriation Co	le				37. Bargai	ning Unit St	atus
1 — Competitive S 2 — Excepted Ser		E E-E	kempt onexempt							7777		
38. Duty Station Coo 13-0280-121	le	39. Duty Statio Atlanta Fult	n (City – County on GA USA	– State or	Overseas Loc	ation)						
40. Agency Data	41. 42. 05/13/2007		43. BWA		44. PAR	Numl	hor.					
	03/13/2007		DWA		IAK	Mulli	Jei .					
45. Remarks Salary incl	udes a general incre	ase of 2.	9 percent		locali						is area	
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47. Agency Code	48. Personnel Office ID	49. Approval	Date	Huma	n Resourc	es Spe	ecialist					
EP00	3257	1/4/2009				-						

1. Name (Last, First, Hodoh, Ofia B.	Middle)				2. Soci	al Secu	urity Numbe (b	3. Da	te of Birth		4. Effection 1/6/2		
					GE CO	AID					1/0/2		
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5-C. Code	5-D. Legal Authority				6-C. Coc	de	6	D. Legal A	uthority				
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5-E. Code ZLM	5-F. Legal Authority E.O. 13454		<u> </u>		6-E. Coc	ie	6-	F. Legal A	uthority				
7. FROM: Position	Title and Number				15. TO: 1	Positio	n Title and	Number					
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8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11.	Step or Rate 12	. Total Salary	13. Pay Basis	16. Pay Pl		7. Occ. Code	18. Grade	or Level 19	Step or Ra	te 20. Total S	alary/Award	21. Pay Basis
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1 - Competitive S 2 - Excepted Ser		bou		Exempt Nonexempt							7777		
38. Duty Station Co		,eu	39. Duty Stati	on (City - Count	y – State or	Overs	eas Location	n)			1		
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40. Agency Data 100	41. 05/13/2007	42.		43. BWA			44. PAR Nui	mbau.					
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45. Remarks						_	7.1.					i	
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46. Employing Depa Environmental P					50. Sigr	1ature/	Authentica:	tion and Tit	le of Appr	oving Offi	icial		
47. Agency Code	48. Personnel Office II)	49. Approval	Date	Huma	ın Da	sources S	necialist					
EP00	3257	,	1/6/2008	Date	Huma	ICC	SOUITES S	pecianst					



I. Name (L	ast, First, Midd	le)							2. Social Se	cunty I	Number	3. Da	te of Buth			4. Effec	cuve Dan	e	,
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. 5-A. Code 893	5-B. Nature Reg W	of Action							6-A, Code		5-B, Nature o		*** * * *** '	· "		······································	,,,	~	
5-C. Code Q7M		31;404. N	Vithin	*		<u> </u>			6-C. Code	6	S-D. Legal A	uthority		<u>···</u>					,
5-E, Code	grade i	increase.				-			6-E. Code	- 6	F. Legal A	thonty							
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	ition Title and							,	15. TO: Pos	ition T	itle and Num	ber							
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	nd Division, nd Support I							•	Superf	und L und S	Division, Support B	ranch.							
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34, Position O	ocupied 1-Competitive 2-Excepted Ser	Service rvice	3-SES Gene 4-SES Care	ral er Reserv	ved	35, FLSA Cate	E-Ex	empt onexempt	36. Appropr	iation (Code					argainir 777	ig Unit S	tatus	
38. Duty State						39. Duty Statio	on	(City-County-	State or Overses	as Loca	ation)			•		*	•		
13-0280	-121					Atlanta	Fulton	GA USA											
40. Agency D.	ata	41.			42.		ŀ	43.	ner II	44.							1	'	
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Environt 47. Agency Co	mental Prote		ency Personnel C	Office ID		49. Approv	al Date		{ .			Jer	va u	, n	nqh	raul	7		
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Editions Prior to 7/91 Are Not Usable After 6/30/93



NO DICATION OF PERSONNEL ACT

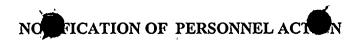
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1. Name (La	ist, First, Middl	c)					2. Social Secu	nty Number	3. Dat	e of Birth		4, Effective Da	ite	
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	CTION	-					SECON	D ACTIO	N		-,	11		,
5-A. Code	5-B. Nature	of Action :			4		6-A. Code	6-B. Nature of						
894	Gen A				•				71013014					
5-C, Code	5-D. Legal					·	6-C. Code	6-D. Legal Au	thonty		· · · · · · · · · · · · · · · · · · ·			
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14. Name and	Location of Po-	ution's Organization	-			•		Location of Posit	-			•		
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	nd Support						Superfu	nd Support B	ranch.					
	l Services					٠	Technic	al Services So	ection					
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23. Veterans P				<u>-</u>			24, Tenure			25. Agen	y Use 2	6. Veterans Prefere	nce for RIF	
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34. Position O	· · ·			35. FLSA Cate			36. Арргорга	tion Code		•	3	7. Bargaining Unit	Status	`
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45. Remarks		•		,			-							
- Salary	includes a s	general increase of	1.7 percent and	l a locality n	avmer	nt applicabl	c in this arca							
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P	mantal Nast	antion America												ĺ
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Editions Prior to 7/91 Are Not Usable After 6/30/93

NO FICATION OF PERSONNEL ACT

Rev 7/91
U.S. Office of Personnel Management
Chief to Properties Personnel Actions Chapter 4

1. Name (La	st, First, Midd	le)							2, Social Sec	unt	y Number	3.1	Date of Birth		4. Effective D	ate	
Hodoh,O	fia B.										(b) (6)			03-05-2	006	
FIRST A								——————————————————————————————————————	SECON	۷Ď	ACTIO	N.					
5-A. Code	5-B. Nature	of Action			· · · · · · · · · · · · · · · · · · ·				6-A. Code	T	6-B. Nature o	Action					
721	Reassi	gnment								١							
5-C, Code	5-D. Legal	Authority							6-C. Code	T	6-D. Legal Au	thority			<u></u>		
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5-E, Code	5-F. Legal								6-E. Code	+	6-F. Legal Au	thonty					
									j.	١							
7. FROM: Posi	tion Title and I	Number				-			15. TO: Posit	lion	Title and Num	her					
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8.Pay Plan 9.Occ	. Code 10.G	rade or LvI	11.Step or F	tate 12.To	ul Salary	···		13.Pay Basis	16.Pay Plan	17.0	Occ. Code 18.0	irade or L	1 19.Step or	Rate 20.To	otal Salary/Award		21.Pay Basis
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12A. Basic Pay		12B. Locali	ty Adj.	12C. Adj. B	Basic Pay		12D, O	ther Pay	20A. Basic Pay	•		20B. Lo	cality Adj.	20C. Adj. I	Basic Pay	20D. O	her Pay
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34. Position Oc	-				35	, FLSA Cat			36. Appropri	atio	on Code				37. Bargaining Unit	Status	
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38. Duty Statio	n Code	1		•	39	Duty Stati	on	(City-County-	State or Overseas	s Lo	ocation)						
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40. Agency Da	ta.	41.			42.			43.		4	4:						
100		05-1	5-2005					BWA		_	PAR Num	ber:	WHD 06	-079			
45. Remarks																	
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46. Employing	Department or	Agency							50. Signature	/Αι	uthentication an	d Title of.	Approving Off	icial			
Environ	nental Prot	ection Ao	encv]	ا		, ,	n	•)		
47. Agency Co			Personnel C	fice ID		49. Approv	al Date		1		MAN.) d	Dun	كرروه	7		
EP00		;	3257			02-28	-2006		Hum	an	Resources :						



1. Name	(Last, Fi	rst, Midd	ile)	-						2. Social Sec	unty Number	/1		of Birth		4. Effective	Date	•]
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30. Retire	ment Plan)				31. Service Co		e (Leave)	32. Work Sc	hedule					33. Part-Time Ho	urs Per Biv Pay	veckly Period
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38. Duty 5				-			39. Duty Stati	on,	(City-County-	State or Oversea	s Location)		,					
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Rev 7/91
U.S. Office of Personnel Management
Guide to Processing Personnel Actions, Chapter 4

1. Name	(Last, First, I	Middle)						2. Social Sec	unty Number		te of Birth		4. Effective	Date - '	
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5-E, Code	5-F. La	gal Authority	<u>, </u>	in the				6-E. Code	6-F. Legal A	Authority	•		. ,		
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38. Duty St	<u> </u>				39. Duty Stat	tion	(City-County-	State or Oversea	s Location)				-		
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40. Agency 100	Data	41.	5-15-2005	42.			43. BWA		44. PAR Nui	mbor					
45, Remark	C\$		3-13-2003				DWA	.]	TAKNU	,	-				
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Standard Form 50	4	NO'	CATION	OF	PERSON
Rev 7/91 U.S. Office of Personnel Management					

1. Name (La	ast, First, Middle	e) a	*					2, Social Sect	unty Number	3. Date	of Birth		4. Effective D	ate	
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27, FEGLI	2-5 Point	4-10	Point/Compo	nsable	6-10 Point/Co	mpensable/	W%	28. Annuitan	1-Permanent at Indicator	3-indefinite	. ,	2	9. Pay Rate Deter	minant .	
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30. Retiremen		ľ	•		31. Ser	(b) (6		32. Work Sc		-	**	<u> </u>	3. Part-Time Hou	rs Per Biwe Pay Pe	ekly riod
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38. Duty Stati					1	y Station	, , ,	State or Oversea	us Location)	•	-	* '	-		
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46. Employin	g Department o	r Agency		•			-	50, Signatur	re/Authenticatio	n and Title of A	pproving Offic	ોંગ્રી			-
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47. Agency C			8. Personnel	Office ID		Approval Da		j (ארקאנ א	AJ OU	um	as		•	
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ditions Prior to 7/91 Are Not Usable After 6/30/93



FPM Supp. 296-33, Subch. 4		- HOOMMEE ACTION	•	
1. Name (Last, First, Middle)	3	2. Social Security Number	3. Date of Birth	4. Effective Date
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5-A. Code 5-B. Nature of Action	The same of the sa	6-A. Code 6-B. Nature of Action		
881 FEGLI CHANGE				
5-C, Code 5-D, Legal Authority		6-C. Code 6-D. Legal Authority		
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5-E, Code 5-F, Legal Authority		6-E. Code 6-F. Legal Authority		
		- 4,	-	- · · · - · · · · · · · · · · · · · · ·
7. FROM: Position Title and Number 0023576		15. TO: Position Title and N 0023596	umber	
LIFE SCIENTIST		LIFE SCIENTIST	,	
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Sa	lary 13, Pay Basis 1	6. Pay Plan 17, Occ. Code 18. Grade/Level .	19. Step/Rate 20. Total Sala	ry/Award 21, Pay Basis
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14. Name and Location of Position's Organization		22, Name and Location of Position	's Organization	
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23. Veterans Preference 1 - None 3 - 10-Point/Disability		24. Tenure 2 - Condit	25. Agency Use	26, Veterans Preference for RiF (b) (6)
2 - 5-Point 4 - 10-Point/Compensable	5 – 10-Point/Other 6 – 10-Point/Compensable/30%	1 - Permanent 3 - Indefin	ite C	
(b) (6)	-	28. Annuitant Indicator 7 NOT APPLIC	ARIE	29, Pay Rate Determinant
	31. Service Comp. Date (Leave)	32. Work Schedule	null	33. Part-Time Hours Per
30, Retirement Plan FERS & FICA	(b) (6)	F FULL TIME		Biweekly
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POSITION DATA	35. FLSA Category	36, Appropriation Code		37, Bargaining Unit Status
34. Position Occupied 1 - Competitive Service 3 - SES General	E - Exempt	001 Appropriation Code	8145	7777
2 - Excepted Service 4 - SES Career Reserved 38. Duty Station Code	39. Duty Station (City - County	- State or Overseas Location)		
7. 13-0280-121	ATLANTA			
40. AGENCY DATA 41. 42.	43.	44.		
100 05-18-03	BWA	05-19-	02 Y 12-01	-02 A
16 December 1			· · · · · · · · · · · · · · · · · · ·	····

SERVICE COUNTING TOWARD CAREER TENURE FROM 05-19-02

YOUR WAIVER OF BASIC PLUS OPTION A INSURANCE BECAME EFFECTIVE THE DAY PRIOR TO THE EFFECTIVE DATE SHOWN ABOVE.

46, Employing Department or Agency
ENVIRONMENTAL PROTECTION AGENCY

47. Agency Code
EP 00 3257 49. Approval Date
PERSONNEL MGMT SPECIALIST



Form Approved: OMB No. 3206-0230

See Privacy Act Statement on back of Part 3

General Instructions By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to

	ing information co	(First)	e employee.	dle) B.	Date of high (mm/do	Μασαν	Social Se	curity Nun	nher
Name (Last)	todon	(""" D-	fia (million	""B.			(b) (6)		
1	artment or agency		OWCP clair	m number,	Location of departme employee works (Cit	ent or ag	ency where	Daytime	telephone number
us ep	'A				Atlanta, ((b) (6)
To elect or re	etain Basic, sign a ant any insurance	and date be at all, skip t	elow. If you do no to Section 5.	t sign for B	Basic, you may not e			form of o	ptional insurance.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	share of the	cost. (Basic may be p	rovided v	vithout cost	to Postal	Service employees.)
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Optional	waived any or all booklet). Sign the waived it and you	of these opti box(es) belo future oppo	ons, in which case ow for any option(s	you may ele) you are eli n it are stricti	r retain any or all of ect only those options gible for and wish to e ly limited. You will no d the option(s).	which yo lect or re	u are eligibl tain. If you	le to elect do not sig	as outlined in the FE n for an option, you h
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indard Form 2817

Instructions for Agencies

1. Who Should File This Form

- · New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions that did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of any type of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver that has been in effect for at least one year or wishes to reduce coverage.

Until you verify an employee's SF 2817 on file, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, unless the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, only the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but not Option C), if a signed waiver has been in effect for more than one year, by submitting a Request for Insurance, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. Exception: Acquiring a foster child does not count as a life event for Option B purposes.

- For Option B, the number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.
- For Option C, he or she may elect from 1 to 5 multiples (up to 5 total) no matter how many family members he/she has or acquires with the event.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an as listed above.

2. Review of Completed Form-

Review the original and both copies of the SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

Only the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Exception: If the employee assigned his or her insurance, only the assignee(s) may waive some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot *increase* the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

4. Date Received

Enter the date the employing office received this form.

5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI web site at www.opm.gov/insure/life.



This is an 'official' document generated from the eOPF system

38, Duty Station Code 13-0280-121

40. AGENCY DATA 100

Rev. 7/91 U.S. Office FPM Supp.		nel Manageme Juboh. 4	ent .	NOŢ	FICATIO	N OF F	PERSO	NNEL	ACTION	.			
1. Name (L. HOD(Middle) FIA B.	•		e - n		2. Social	Security N	(b) (6)	l 3. Date o	f Birth	4. Effective (Date 11-04
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5-C. Code.	de. 5-D. Legal Authority					6-C. Cod GWM		al Authority G 531.	2 05				
5-E. Code	ode 5-F, Legal Authority						6E.Cod ZLM		al Authority			. √ ler	1
7. FROM:	Position	Title and N	lumber						Title and Nu	ımber			
B: Pay Plan 9.	Occ., Code	10. Grade/Level	11. Step/Rate	12. Total Salary	······································	13, Pay Basis		17, 0cc. Code Q401	18. Grade/Level	19. Step/Rate O4	20. Total Salary// \$77	355. 00	21. Pay Basis PA
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30. Retirem	FERS	& FIC	A		31, Service Comp (b)	Date (Leave)	32. Work	Schedule FULL	TIME		pager y mak ay n addadday managa	00-	ne Hours Per Biweekly Pay Period
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39. Duty Station (City - County - State or Overseas Location)

GEORGIA

⁴⁴.05-19-02

Y 12-01-02

ATLANTA

43. BWA

45. Remarks
SALARY INCLUDES A GENERAL INCREASE OF 2.7 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.

42.

CORRECTED TO REFLECT RETROACTIVE PAY ADJUSTMENT UNDER E.O. 13332.

⁴¹05-18-03

46. Employ ENV	ing Departme	ent or Agency NTAL PROTECT	т,	50. Signature/Authentication and Title of Approving Official
47. Agency E	P ÖÖ	48. Personnel Office ID 3257	49. Approval Date 01-11-04	PERSONNEL MGMT SPECIALIST
5-Part	50-316			6

NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Subch. 4		
1. Name (Lest, First, Middle)	(1) (5)	. Effective Date
HODOH, OFIA B.	(b) (6)	01-11-04
FIRST ACTION	SECOND ACTION	- 1
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action	
894 PAY ADJ		
5-C, Code 5-D, Legal Authority ,	6-C. Code 6-D. Legal Authority	н
QWM REG 531. 205		
5-E. Code 5-F. Legal Authority	6-E, Code 6-F, Legal Authority	
ZLM		
7. FROM: Position Title and Number	15. TO: Position Title and Number	
0023576	0023596	,
LIFE SCIENTIST	LIFE SCIENTIST	*
	4	
8. Pay Plan 9. Occ. Code 10, Grade/Level 11, Step/Rate 12, Total Salary 13: Pay Basis	16. Pay Plan 17. Occ. Code 18. GraderLevel 19. Step/Rate 20. Total Salaryli	Award 21. Pay Basis
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization	
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AIR TOXICS & MONITORING BRANCH, AIR	AIR TOXICS & MONITORING BRA	NCH, AIR
TOXICS ASSESSMENT & IMPLEMENTATION SEC	TOXICS ASSESSMENT & IMPLEME	NTATION SEC
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EMPLOYEE DATA		
23. Veterans Preference		26. Veterans Preference for RIF
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 6-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	2 0-None 2-Conditional B	(0) (0)
27, FEGLI	28, Annuitant Indicator	29. Pay Rate Determinant
(b) (6)	9 NOT APPLICABLE	0
30. Retirement Plan 31, Service Comp. Date (Leave)	32, Work Schedule	33. Part-Time Hours Per Biweekly
FERS & FICA (b) (6)	F FULL TIME	OO Pay Period
POSITION DATA		
34, Position Occupied 35, FLSA Category	36. Appropriation Code	37, Bargaining Unit Status
1 - Competitive Service 3 - SES General E E - Exempt N - Nonexempt	8145	7777
38. Duty Station Code 39. Duty Station (City - County -		
13-0280-121 ATLANTA	GEORGIA	
40, AGENCY DATA 41, 42, 43.	44.	
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45, Remarks		

SALARY INCLUDES A GENERAL INCREASE OF 1.5 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.

46. Employing Department	or Agency		50. Signature/Authentication and Title of Approving Official
ENVIRONM	ENTAL PROTEC	TION AGENCY	- alone B. Williams
47, Agency Code	48. Personnel Office ID	49. Approval Date	
EP 00	3257	01-11-04	PERSONNEL MGMT SPECIALIST
`			lot Usable After 6/30/93 NSN 7540-01-333-6238

NOTIFICATION OF PERSONNEL ACTION

FPM Supp, 298-33, Subch. 4 1, Name (Lest, First, Middle)	2, Social Security Num	her	3, Date of Birt	h 4. Effecti	ve Date	-
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8. Pay Plan 9, Occ., Code 10, Grade/Level 11, Step/Rate 12, Total Salary 13, Pay Basis	16. Pay Plan 17, Occ. Cod	a 118 Grade/Level	19. Step/Rate	20, Total Salary/Award	21. Pa	w Rati
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23, Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other	24. Tenure	· 2 = Conditio	25, Agency	Use [26, Ve	terans Preference for (b) (6)	or Ri
2 - 5-Point 4 - 10-Point/Compensable 8 - 10-Point/Compensable/30%	1 - Permai	nent 3-Indefinit		1 2 2		
27. FEGU (b) (6)	28. Annuitant Indicator	•			y Rate Determinant	(
(b) (6)	9 NOT	APPLICA	BLE	0		
30, Retirement Plan (b) (6)			,		rt-Time Hours Per Biweekly	
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34. Position Occupied 35: FLSA Category	36, Appropriation Code			37. 8a	rgaining Unit Status	3
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38. Duty Station Code 39, Duty Station (City - County -	1	on)			1	
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WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.
THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 104 WEEKS
FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIVALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF
INTERMITTENT.

46, Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

47, Agency Code

EP 00

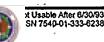
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49, Approval Date

Department or Agency

49, Approval Date

PERSONNEL MGMT SPECIALIST



Standard F	orm 50-B
Rev, 7/91	
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1. Name (Last, First, Middle)	2. Social Security Number 3, Date of B	irth 4. Effective Date
HODOH, OFIA B.	(b) (6)	01-12-03 °
FIRST ACTION	SECOND ACTION	,
5-A. Code 5-B. Nature of Action	6-A. Code, 6-B. Nature of Action	
874 PAY ADJ		
5-C, Code 5-D. Legal Authority	6-C. Code 6-D. Legal Authority	
QWM REG 531.205		
SE, Code 5-F, Legal Authority	6-E. Code 6-F. Legal Authority	
7, FROM: Position Title and Number	15. TO: Position Title and Number	4
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0023596	0023596	
LIFE SCIENTIST	LIFE SCIENTIST	• 0
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8, Pay Plan 9, Occ. Code 10, Grade Level 11, Step Rate 12, Total Salary 13, Pay Basis	16, Pay Plan 17, Occ. Code 18. Grade/Level 19. Step/Rate	20, Total Salary/Award 21, Pay Basis
GS 0401 13 03 \$69541.00 PA	GS 0401 13 03	\$71699.00 PA
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization	
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AIR, PESTICIDES & TOXICS MGMT DIVISION,	AIR, PESTICIDES & TOX	ICS MOMT DIVISION,
AIR TOXICS & MONITORING BRANCH, AIR	AIR TOXICS & MONITOR	ING BRANCH, AIR
TOXICS ASSESSMENT & IMPLEMENTATION SEC	TOXICS ASSESSMENT &	
ATLANTA, GEORGIA	ATLANTA, GEORGIA	
EMPLOYEE DATA		
23. Veterans Preference	24, Tenure 25. Agend	cy Use 26, Veterans Preference for RIF
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other	0 - None 2 - Conditional	(b) (6)
2 = 5-Point 4 = 10-Point/Compensable 6 = 10-Point/Compensable/30% 27, FEGLI	2 1 - Permanent 3 - Indefinite 2	29. Pay Rate Determinant
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38, Duty Station Code 39: Duty Station (City - County -	tate or Overseas Location):	•
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1, Name (La	st, First, Middl	θ)		•		-	2. Social Se	curity Number	(4.) (4)	3, Date of	Birth	4. Effective	Date ^ ^	'n
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45, Remarks					*									

SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA. SERVICE COUNTING TOWARD CAREER TENURE FROM 1

50. Signature/Authentication and Title of Approving Official 48: Employing Department or Agency ENVIRONMENTAL PROTECTION AGENCY 47. Agency Code 48, Personnel Office ID 49. Approval Date 3257

01-12-03

EP 00



Health Benefits Election Form Federal Employees Health Benefits Program For Employees, Former Spouses Under the Spouse Equity Law, and Individuals

Complete Parts A and G, and Parts B, C, D, E, and F as applicable.

Eligible for Temporary Continuation of Coverage

Do not separate the copies. Your employing office will certify the completed form and return your copy to you.

• Type or print firmly • Sign and date in Part G

Part A - Fill in this part.	·····		Υ						
1. Name (last, first, middle initial)			2. Soc	iat Secu	rity Number	(b) (d	. Date of birth //	no., day, yı	:)
170 do h, 0 tha 1 13.			5. Sex				<u> </u>		
(b) (6)			Ma		X Female		Are you now n (b) (6)	
		*******		dime tel		ingluda asaa	ede)		———
Part B - Fill in this part if you wish to enroll or change	e vour enrolle	ment in the Fe	deral l	Employ	ees Health	Benefits (FEH	IB) Program.		
1. I elect to enroll in a health benefits plan as shown be		he information						plan you	select.)
		(b) (6)							
2a. Names of family members (last, first, middle initial)	2b. ZIP co		Date o		2d. Sex	2e. Relation- ship "code"		Security N	
		(b) (6)							
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			n D C	CES	SED				
3a. Do you, your spouse or any other eligible family members he than the FEHB plan in which you are now enrolling or enrolled		nealth insurance		e other	Name	of policyholder	(last, first, midd	le initial)	
The state of the s	spouse B	9 1	CARE uding Cl	HAMPU:		her <i>(specify nan</i>	ne)		
PART C - Fill in this part, as well as PART B, to change	ge enrollmen	t.		Part I) - Event				
1. Present Plan name 2. Pro	esent Plan rollment				code that	(h) (c)	2. Date of ever		nits
A / / /I	de ——		ſ	(see	Table of issible Chang	(b) (6) es/	05,1	9120	02
Part E - Employees Only	· <u>· ·.</u>	Part F - Ca	ncellat	ion					$\overline{}$
Place an "X" in the box below if you wish NOT TO ENROLL is Program.	in the FEHB	Place an "X" CANCEL you			w if you wish	to	Present Plan enrollment code		
I elect not to enroll in the Federal Employees Health Benefits	Program.	l elect to c	cancel m	ny enroll	ment in the F	ederal Employee	·	s Program.	I am
My signature in PART G certifies that I have read and understand the lipage 4 regarding this election.	nformation on	My signature in	PART G	certifies	that I have red	ad the information I that I must meet			
Part G - Fill in this part.		I							$\overline{}$
WARNING: Any intentionally false statement in this application \$10,000 or imprisonment of not more than 5 years, or both. (18 L	or willful miss	representation re	lative th	nereto is	a violation o	f the law punish	able by a fine of	not more t	han
1. Your signature (do not print) Ofia Ho doh Office							2. Date (mo., 0 5/2		702
Part H - To be completed by agency				- 1 -			1		
1. Name and address of employing office (include ZIP code) Environmental Protection Agency		received in emp			3. Effective d	ate of action J 2002	4. SF 2811 re	port numbe)r
61 Forsyth Street S.W.	5. Payr	oll office numbe 01-0015			6. Payroll con	tact and telephor		uding area (
Atlanta, Georgia 30303	7. Pers	onnel contact ar sia Bryar					(404) 562-	
₹ •				2 office	ial and teleph	one number (inc	luding area code	562	 8140
Remarks New employee enrolling in the Fed	eral Emp	loyees He	alth	Ben	efits P	rogram.	*		

Office of Personnel N

indard Form 2809 levised July 1999 ns are not usable.



Use this form to:

- Start your contributions to the Thrift Savings Plan (TSP)
- Change the amount of your contributions to the TSP
- Stop your contributions to the TSP

Before completing this form, please read the Summary of the Thrift Savings Plan for Federal Employees and the instructions on the back of this form. Type or print all information using black or dark blue ink. Return the completed form to your agency employing office. Your agency will return a copy to you after completing Section V.

Note: To allocate your contributions among the five investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU	1. Hodoh Name (Last) 2. Street Address (b) (6) 3. Social Security Number 5. US Environ mental Profection Office Identification (Agency and Organization)	Ofia (First) b) (6) City State 4. (b) (6) Agency	
II. START OR CHANGE YOUR CONTRIBUTIONS	To start or change the amount of your contributions to you your basic pay per pay period (Item 6) or a whole dollar a (b) (6)	ur TSP account, enter either a whole amount per pay period (Item 7). Ski	e percentage of p to Section IV.
III. STOP YOUR CONTRIBUTIONS	To stop your contributions to the TSP, check Item 8 and of you are eligible to receive Agency Automatic (1%) Contributions on the back.) 8. I want to stop contributing to my TSP account. I no later than the first full pay period after my age	butions, those 1% contributions will understand that my payroll contribu	continue. Read the
IV. SIGNATURE	9. Participant's Signature	10. <u>0.5</u> / 2	マス
V. FOR EMPLOYING OFFICE USE ONLY	11. 68-01-0015 Payroll Office Number 12. 06/06 Effective Date (m) 14. Clesia S. Bryant Signature of Employing Office Official H B 16. New Employee Remarks	13. 1 New Eligibility (If participant) 15. 05 / Receipt Date	y Date (mm/dd/yyyy) t completed Section III) 24 2003 (mm/dd/yyyy)

agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil or criminal

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security social Securit not provide it, we will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER

Form TSP-1 (5/2001)



GENERAL INFORMATION

To start or change your contributions, submit this form within 60 days of your Federal appointment or during a TSP open season. To stop your contributions, submit this form at any time. (See Section III.) Your election will stay in effect until you submit another election during a subsequent TSP open season or until you leave Federal service.

If you change your address, notify your agency employing office immediately so that your agency can correct your records for your TSP account.

Important Note for New TSP Participants: All contributions to your account will be invested in the Government Securities Investment (G) Fund until you direct the TSP record keeper to allocate your contributions differently. There are five TSP funds; the Plan Summary describes the funds and discusses their risks and advantages.

To allocate your contributions among the five investment funds, use the TSP Web site at www.tsp.gov, call the ThriftLine at (504) 255-8777, or submit Form TSP-50, Investment Allocation, to the TSP record keeper at the address on that form. If you use the Web site or the ThriftLine, you will need your Social Security number and your TSP Personal Identification Number (PIN). If you are a newly hired employee, you will receive your PIN in the mail when your new account has been established. If you prefer to submit Form TSP-50, do not do so until you receive a letter from the TSP record keeper confirming that your new account has been established. If your account has not been established, Form TSP-50 will not be accepted.

SECTION I

Complete all items in this section.

SECTION II

Complete this section to start your TSP contributions or to change the amount you are contributing to the TSP. Complete either Item 6 or Item 7.

Item 6, Percentage of Basic Pay per Pay Period. You may contribute up to the limits specified in the table below (but not exceeding the Internal Revenue Service annual elective deferral limit):

	rens	CSRS	
July 1, 2001 - December 31, 2001	11%	6%	
January 1, 2002 - December 31, 2002	12%	7%	
January 1, 2003 - December 31, 2003	13%	8%	
January 1, 2004 - December 31, 2004	14%	9%	
January 1, 2005 - December 31, 2005	15%	10%	
Beginning January 1, 2006	TSP contrib	ution limits elimin	ate

Item 7, Dollar Amount per Pay Period. The dollar amount you contribute cannot exceed the percentages shown above. You can contribute as little as \$1 per pay period. The dollar amount you choose to contribute will not change until you submit a new Form TSP-1.

SECTION III

Complete this section to stop your contributions. If you stop contributing during a TSP open season, you will not be able to start again until the next TSP open season. If you stop contributing outside an open season, you will not be able to start again until the second open season after this form is received by your agency employing office.

Note: If you are a FERS employee, you may change the way your Agency Automatic (1%) Contributions are allocated even if you are not contributing to your account. You can use the TSP Web site, the ThriftLine, or Form TSP-50, as described in "General Information" above.

SECTION IV

You must complete this section.

SECTION V

(To be completed by employing office)

In Item 12, enter the effective date of the action. An election made within 60 days of the employee's Federal appointment must be made effective no later than the first full pay period after receipt of Form TSP-1. Elections made during an open season to begin or change contributions must not be made effective before the first full pay period of the last month of the describe ason.

If a participant chooses to stop contributing to the TSP (Section III), the termination should be made effective no later than the first full pay period after receipt of the form. In Item 13, enter the date on which the participant may resume contributing to the TSP if the participant completed Section III:

In Item 15, enter the receipt date. This is that a properly completed form is received by the agency employing office; if the formulas not been properly completed, it should be returned to the employee.

AD ATHAJIA

Form TSP-1 (5/2001)



Designation of Beneficiary

Federal Employees' Group Life Insurance Program



Form Approved OMB No. 3206-0136

itandard Form 2823

Rev. July 1995.

, Warning

Read instructions on back of duplicate before filling in this form

	•		
nformation Concerning The Insured			red", as used throughout this form.
lame of Insured (Last, first, middle) HOdoh, Oha		of Insured (Month, day, year)	
An ompl		Receiving OWCP	If the Insured is retired or receiving Federal
The Insured is:	applicant for	benefits or an	Employees' Compensation, give "CSA"; "CSI", or OWCP claim number.
Place an "X" in the appropriate box.	retirement	applicant for OWCP benefits	Sor por ottor islami namesii
Department or agency in which the insured is	presently employed (If retired, forme	1	Location (City, state and ZIP code)
Department or agency	ureau	Division	
U. S. Enviroumental Protection B	<u></u>	Air	Atlanta, GA 30303
am canceling any and all previous Designations of imployees' Group Life Insurance Program and am peneficiaries named below to receive any amount or peath Insurance due and payable at the Insured's understand that if I have previously validly assorted tesignation completed by me is not valid and ha	now designating the beneficiary or it life insurance and Accidental death.	effect, unless or until canceled by me canceled (see back of Part 2): If this (reason, the next prior valid designation	Beneficiary; if valid, will remain in full force and in writing, or until such time as it is automatically designation form is determined invalid for any on form will be given full force and effect. If no will be distributed under the order of precedence, d, to the assignee(s).
information Concerning The Benefici	ary or Beneficiaries (See exam)	oles of designations on reve	rse side):
Type or print first name, middle initial, an last name of each beneficiary	d Type or print address (Includi of each beneficiar		Percent or fraction to be paid to each beneficiary
	(b)	0 (6)	
•			
		. *	
3			
-			
Statement of Insured or Assignee	Please check: Check only on	e: Please check:	
Including ZIP code)	l am:	l have not assigned n	, ny incurance
(b) (6)	(b) have (b) the Insur	(6)	n in the presence of the two witnesses who
	(6)	have signed below.	in the presence of the two winesees.
	have not an Assig	Marrior Aurioss is not	. •
	elected Living Benefits.	If I designated shares the shares add up to	to be paid to more than one beneficiary, 100%. (Dollar amounts are not acceptable.)
For each type of insurance (Basic Life, Option Additional): (1) I hereby direct, unless otherwisthan one beneficiary is named, the share of an predecease me or become disqualified for any	A-Standard, and Option B- e indicated above, that if more y beneficiary who may	(2) I understand that if none of the the insured's death, the proceeds precedence, or, if the insurance h	e designated beneficiaries is living at the time of will be distributed under the order of as been assigned, to the assignee(s).
the benefits shall be distributed equally among entirely to the survivor.	the surviving beneficiaries, or	I hereby specifically reserve the r beneficiary at any time without kn	ight to cancel or change this designation of owledge or consent of the beneficiary(ies).
Signature of Insured/Assignee (Only the I		s by guardians, conservators or	
through a power of attorney are not accepted	able.)		05 22 2002
Witnesses To Signature (A witness is	not eligible to receive payment	as a beneficiary):	
Signature of witness	Number and street		ty, state and ZIP code
Signature of witness	Number and street		ly, state and ZIP code
glora B. Doles	61 Jorseth	t sw c	th. Ga 30303
Receiving agency US FPA	Date of receipt Signature 05/22/02	of authorized agency official Worda Aulo	Title Personeller
See back of Part 2 for instructions on w		with the Office of Federal Er	nployees' Group Life Insurance.

U.S. Office of Personn
The FEGLI Handbook This is an 'official' document generated from the eOPF system



Designation of Béneficiary



Federal Employees' Retirement System

Form Approved OMB No. 3206-0173

Important

Read all instructions before filling in this form

7. dentification				**************************************		<u> </u>	
Name (Last, first, middle)	Ofia	B.	Date of birt	h (Month, day, year	(b) (6)	ecurity Numb	er .
Place an "X" in the appropriate box:	An employed	Retired applicar retireme	nt for	Former employer for retirement in future	e eligible if you are the	retirèd give y	our claim number
Department or agency in whice	h.presently employe	d (or former departme	nt or agency):				· · · · · · · · · · · · · · · · · · ·
Department or agency	Bures	u	Divis	sion -	Location	(City, state a	nd ZIP code)
Environmental Prote	cher Ayenry		Air	<u> </u>	Atla	into, GA	30303-194
I, the individual identified at named below to receive any lur the Federal Employees' Retiren that this designation of benefic become payable under the Cit death. I understand that this FERS or CSRS designation of cancel it in writing or I receive (and CSRS, if applicable).	np-sum benefit which nent System (FERS) iary is also for any l vil Service Retireme designation of benef beneficiary, and tha	n may become payable u after my death. I unders ump-sum benefit which it System (CSRS) after iciary, cancels: any prev t it remains in effect un	nder named stand disqua may benefit my eligibl vious design ntil I preced	, the share of any l lified for any other ciaries, or entirely to e to receive paymer	beneficiary who m reason, shall be di the survivor. If no nt when a lump-su	ay predecease stributed equal ne of the benef m payment be	me or who may be lly among the stated ficiaries are alive and ecomes payable, this ing to the order of
B. Information Concerni	ng The Beneficia	rles (See Examples	of Designatio	ns):			
First name, middle initial name of each benefi			s (Including ZIP c each beneficiary		. Rělation	ship	Share to be paid to each beneficiary
			(b) (6)				
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	,	,	"	11	•		
			ř		÷		· qr
Date of designation (Mo., da	y, yr.) 2.	Your signature	of l	John			Total = 100%
C. Witnesses (A witness		receive payment as	a beneficiary):			
We, the undersigned, certify	that this statement	was signed in our pre	sence.	4			
Signature of witness		Number and street	(b) (6)		ICity, state and	ZIP code	
Receiving agency certifica	tion						
I have reviewed this designa	ition and certify tha	t the designated share	es total 100% a	nd that no witness	es are designated	l as beneficia	ıries:
.Date Received	Signa	ture,		,	Date	1	
05/20/02	6	harmita	aglor		. 0	15/20/	62
Type or print your return add	ress to insure retur	n of copy				ч	
- n			*		-	A	
·	•	, •			mployee Copy F		
	(b) (6)			To File This Fo	rm. (Retain unti rvice and then s		
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Standard Form 50-B Rev. 7/91 U.S. Office of Personnel Management	SIEISATION OF I	DEDSONN	O				
FPM Supp. 296-33, Subch. 4 1. Name (Last, First, Middle)	TIFICATION OF F	2. Social Security N		3. Date of Birt	h 4	Effective Date	
FIRST ACMONFIA B. 5-A Code 5-B. Nature of Action		SECUND A	(b) (6) (CIION lature of Action			0 5-1	9-02
S-CACOL S-D. COM REMOR - COND APPT		6-C. Code 6-D. L	egal Authority				
5-E-Coop S.F. Legal Authority LEGATION AGR	EPAO1.CER		egal Authority				
7. FROM: Position Title and Number		15. TO: Positi	on Title and Nun	nber			
		002359 LIFE S	6 CIENTIST				
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary	13. Pay Basis	16, Pay Plan 17, Occ.	Code 18. Grade/Level	19. Step/Rate	20. Total Salary/	Award	21, Pay Basis
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay	12D. Other Pay	CS 040	1 20B. Cocality Ad	03 200	S 69 C. Adj. Basic Pay	541 00 200. Othe	PA PA
14. Name and Location of Position's Organization	•00	63369	00 617	2.00	9541.	00	
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EMPLOYEE DATA 23. Veterans Preference		24. Tenure		25. Agency	Use	26. Veterans Pre	eference for RIF
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Po	oint/Other oint/Compensable/30%	0 - Noi 1 - Per	manent 3 - Indefinit	nal		(b)	(6)
(b) (6)		28. Annuitant Indica				29. Pay Rate De	terminant
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	T APPLIC	ABLE		33. Part-Time Ho	veekly
POSITION DATA FICA	(b) (6)	F FL	ILL TIME			100 Par	y Period
34. Position Occupied 1 - Competitive Service 3 - SES General	35. FLSA Category E - Exempt	36. Appropriation C	ode			37. Bargaining U	nit Status
2 - Excepted Service 4 - SES Career Reserved 38. Dury Station Code	N - Nonexempt 39. Duty Station (City - County -	State or Overseas Loc	ation)	8145		777	7
13-0360-121	ATLANTA	GEORGI				A Comment	
40. AGENCY DATA 41. 42.	43.		05-19-	13 11 6	15-10-	02 4	
45. Remarks 00 05-19-02	84/			100		ATTICAL TOTAL	1
APPOINTMENT IS SUBJECT TO COMPLETION OF ONE YEAR INITIAL PROBATIONARY PERIOD BEGINNING 05-19-02 . SERVICE COUNTING TOWARD CAREER TENURE FROM 05-19-02 . APPOINTMENT AFFIDAVIT EXECUTED 05-20-02. CREDITABLE MILITARY SERVICE: PREVIOUS RETIREMENT COVERAGE: NEVER COVERED FROZEN SERVICE: 00,00 SELECTED FROM REG 4-DE-2002-0026 DATED 04-02-02 SUPERIOR QUALIFICATIONS APPOINTMENT MADE UNDER REG 531.203(B). 46. Employing Department or Agency So. Signature/Authentication and Title of Approving Official							
		0					
47. Agency Code 48. Personnel Office ID 49. Approv	ACENCY al Date	Lyn	w Run	us)	TST		

it Usable After 6/30/93 SN 7540-01-333-6238 5-Part 50-316

APPOINTMENT AFFIDAVITS

Life Scientist		05-19-02
(Position to which	appointed)	(Date of appointment)
EPA	Air Division	Atlanta, Georgia
(Department or agency)	(Bureau or Division)	(Place of employment)
I, Ofia Hodoh		, do solemnly swear (or affirm) that—
that I will bear true faith and allegia	nce to the same; that I take that and faith	against all enemies, foreign and domestic; his obligation freely, without any mental hfully discharge the duties of the office
B. AFFIDAVIT AS TO STRIKING I am not participating in any stril and I will not so participate while a thereof.	ke against the Government of	the United States or any agency thereof, ent of the United States or any agency
C. AFFIDAVIT AS TO PURCHA I have not, nor has anyone acting for or in expectation or hope of re	g in my behalf, given, transfe	rred, promised or paid any consideration
		Of Lalve (Signature of appointee)
Subscribed and sworn (or affirmed	l) before me this d	ay of <u>May</u> , 15200,2
at Atlanta (City)		Georgia (State)
[SEAL]	Dol	phine D. Williams (Signature of officer)
Commission expires(If by a Notary Public, the date of expira Commission should be show	ation of his/her	nel Management Specialist (Title)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

Prior Edition Usable

Life Insurance Election

Federal Employees' Group Life Insurance Program

Form Approved: OMB No. 3206-0230

See Privacy Act Statement on back of Part 3

'General: Instructions By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to

		This	s election supersedes	s all previous el	ections.	D
7		g information concerning th		7		eg
4	Name (Last)		fig (Middle) B.	Date of birth /mm/dd/	(b) (6)	curity Number
	Employing depart	itment or agency Ital Profession Age	OWCP claim number, if applicable	employee works (Cit)	, state, ZIP Code)	(including area code)
				Atlanta, CA	1,30303	(b) (6)
3	To elect or ret you do not war	nt any insurance at all, skip	to Section 5.		· · · · · · · · · · · · · · · · · · ·	form of optional insurance. If
			ductions to pay my share of the			
*	Basic	Isignature (Do not print. Only through a power of attorney a	r the Employee/Assignee may s are not acceptable.)	Signatures by gua	rdians, conservator	or Date (mm/dd/yyyy) 05/24/200
4	Optional	waived any or all of these opt booklet). Sign the box(es) bel waived it and your future opp	tions, in which case you may el low for any option(s) you are eli	ect only those options \ igible for and wish to el ily limited. You will not	which you are eligible ect or retain. If you to be covered for an	ons (UNLESS you have previously le to elect as outlined in the FEGLI do not sign for an option, you have y option(s) for which you do not
		A - Standard	Option B - Ad			tion C - Family
	nt Option A. norize deductions	to pay the full cost. (b) (6	I want Option B in the multip pay I indicate below. I author	le of my annual basic rize deductions to pay	understand that ea the death of my sp	n the multiple I indicate below. I inch multiple is worth \$5,000 upon pouse, and \$2,500 upon the death I authorize deductions to pay the
sign.		Only the Employee/Assignee may lians, conservators or through a acceptable.)	Signature (Do not print. Only the Esign. Signatures by guardians, cor power of attorney are not acceptable.	Activity of the control of the contr	Signature (Do not pr sign. Signatures by g power of attorney are	int. Only the Employee/Assignee may uardians, conservators or through a not acceptable.)
Date						
5	If you want NO	life insurance coverage,	1 4 4			
· ·	Waiver of all life	my employing office receives and submit satisfactory resul enrollment period, which is he	this waiver. Further, I cannot out to of a physical, or (2) I have a	get Basic life insurance break in Federal servi nat I cannot get any opt	e unless (1) I wait a ce of at least 180 d ional insurance unle	
	insurance coverage	Signature (Do not print. Only through a power of attorney a	the Employee/Assignee may s re not acceptable.)	ign. Signatures by gua	rdians, conservator	
<u>6</u>	Agency Rem Use	arks:	-		· ·	Number of event permitting change (See back of Part 2)
	Name and addre	ss of employing office	***	Date received in emp	loying office	Effective date of coverage
	4	tal Protection Age	ncy	(mm/dd/yyyy) 5-24-	-02	(mm/dd/yyyy) ₀₅₋₁₉₋₀₂
,		Street S.W.	•	I followed the Instruct	lons on the back of	Part 1.
	Atlanta, G	eorgia 30303	•	Signature of authorize		exact.
	The employee	's copy of this form, when complete	d by the employing office, together w		76-21 or RI 76-20 for P	on a Service employees)

PART.1 - File in Official Personnel Folder

Instructions for Agencies

1. Who Should File This Form

- · New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions that did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of any type of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver that has been in effect for at least one year or wishes to reduce coverage.

Until you verify an employee's SF 2817 on file, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, unless the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, only the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but not Option C), if a signed waiver has been in effect for more than one year, by submitting a Request for Insurance, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. Exception: Acquiring a foster child does not count as a life event for Option B purposes.

- For Option B, the number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.
- For Option C, he or she may elect from 1 to 5 multiples (up to 5 total) no matter how many family members he/she has or acquires with the event.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an a listed above.

2. Review of Completed Form

Review-the original and both copies of the SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

Only the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Exception: If the employee assigned his or her insurance, only the assignee(s) may waive some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot *increase* the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

4. Date Received

Enter the date the employing office received this form:

5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI web site at www.opm.gov/insure/life.



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Optional Form 306 September 1994 U.S. Office of Personnel Management

Decimation for Federal Employment

Form Approved: O.M.B. No. 3206-0182 NSN 7540-01-368-7775

CENEDAL INCODMATION	50306-101				
GENERAL INFORMATION					
1 FULL NAME	2 SOCIAL SECURITY NUMBER (b) (6)				
Dfia B. Hodoh.	(0) (0)				
3 PLACE OF BIRTH (Include City and State or Country)	4 DATE OF BIRTH (MM/DD/YY)				
(b) (6)	(b) (6)				
5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6 PHONE NUMBERS (Include Area Codes)				
► N/A	DAY				
▶	NIGHT				
MILITARY SERVICE	You No				
7 Have you served in the United States Military Service? If your only active d	(h) (6)				
Reserves or National Guard, answer "NO"					
If you answered "YES", list the branch, dates	(6)				
(MM/DD/YY), and type					
of discharge for all active duty military service.					
BACKGROUND INFORMATION	Control of the Contro				
For all questions, provide all additional requested information under item 15 o each event you list will be considered. However, in most cases you can still be	r on attached sheets. The circumstances of considered for Federal jobs.				
For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest),					
but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before committed before your 18th birthday if finally decided in juvenile court or under	re your 16th birthday, (3) any violation of law a Youth Offender law, (4) any conviction set				
aside under the Federal Youth Corrections Act or similar State law, and (5) any Federal or State law.	conviction whose record was expunged under				
8 During the last 10 years, have you been convicted, been imprisoned, been	on probation; or Yes No				
been on parole? (Includes felonies, firearms or explosives violations, misde	meanors, and all other offenses.)				
If "Yes", use item 15 to provide the date, explanation of the violation, place of address of the police department or court involved.					
9 Have you been convicted by a military court-martial in the past 10 years? (If "Yes", use item 15 to provide the date, explanation of the violation, place of					
address of the military authority or court involved	· · · · · · · · · · · · · · · · · · ·				
~10 Are you now under charges for any violation of law? If "Yes", use item 15 to	provide the date; explanation of				
the violation, place of occurrence, and the name and address of the police d					
11 During the last 5 years, were you fired from any job for any reason, did you do be fired, did you leave any job by mutual agreement because of specific protection.					
Federal employment by the Office of Personnel Management? If "Yes", use explanation of the problem and reason for leaving, and the employer's name	item 15 to provide the date, an				
12 Are you delinquent on any Federal debt? (Includes delinquencies arising fro					
overpayment of benefits, and other debts to the U.S. Government, plus defa	ults of Federally guaranteed or				
insured loans such as student and home mortgage loans.) If "Yes", use item and amount of the delinquency or default, and steps that you are taking to come	orrect the error or repay the debt				
ADDITIONAL QUESTIONS	The second secon				
13 Do any of your relatives work for the agency or organization to which you ar	e submitting this form? (Includes				
father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, firs father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, siste	t cousin, nephew, niece, er-in-law, stepfather, stepmother,				
stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) name, relationship, and the Department, Agency, or Branch of the Armed Fo	If "Yes", use item 15 to provide the				
	•				
14 Do you receive, or have you ever applied for, retirement pay, pension, or other civilian, or District of Columbia Government service?	ner pay based on military, rederal				

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CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS	
Provide details requested in items 8 through 13 and 17c in the continuation space below or or identify attached sheets with your name, Social Security Number, and item number, and to incaddresses. If any questions are printed below, please answer as instructed (these questions and your agency is authorized to ask them).	clude ZIP Codes in all
CERTIFICATIONS / ADDITIONAL QUESTION	
APPLICANT: If you are applying for a position and have not yet been selected. Carefully rev form and any attached sheets. When this form and all attached materials are accurate, complete	iew your answers on this item 16/16a.
APPOINTEE: If you are being appointed. Carefully review your answers on this form and any a other application materials that your agency has attached to this form. If any information requires of the date you are signing, make changes on this form or the attachments and/or provide update sheets, initialing and dating all changes and additions. When this form and all attached materials 16/16b and answer item 17.	ttached sheets, including any correction to be accurate as dinformation on additional
16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Decl	aration for Federal Employ-
ment, including any attached application materials, is true, correct, complete, and made in good faith. I under fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not h	erstand that a false or iring me after I
begin work, and may be punishable by fine or imprisonment. I understand that any information I give may determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the rele	ase of information about my
ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other indivinvestigators, personnel specialists, and other authorized employees of the Federal Government. I understainstitutions, medical institutions, hospitals, health care professionals, and some other sources of information, be needed, and I may be contacted for such a release at a later date.	and that for financial or lending
16a Applicant's Signature ► Of And Date (Sign in ink)	► 4-26-02
16b Appointee's Signature ► Of Hard Date ► 4-26-02	APPOINTING OFFICER: Enter Date of Appointment or Conversion
17 Appointee Only (Respond only if you have been employed by the Federal Government to insurance during previous Federal employment may affect your eligibility for life insurance during These questions are asked to help your personnel office make a correct determination.	pefore): Your elections of life ng your new appointment.
,	Date (MM/DD/YY)
17a When did you leave your last Federal job?	Yes No Don't Know

Optional For

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17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled.

tember 1994



All Applicant Data Report

Name:OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

Resume

Ofia B. Hodoh

(b) (6)

1999 - Present Senior Scientist Westinghouse Savannah River Company Building 730-2B, Room 2178

Aiken, SC 29808

Supervisor: Barbara Hamm (803) 952 - 6695

40 hrs/week

(b)(6)

I am currently a Human Health Risk Assessor in the Site Geotechnical Services organization at the Savannah River Site. I serve as the human health risk assessor for the General Separations Area Project team for the CERCLA/RCRA waste units by performing risk analysis in support of regulatory action (rule-making), development of risk assessment guidance and new risk assessment procedures and techniques, and development of risk-based cleanup goals and standards.

I am the project team representative for human exposure and risk assessment issues while conferring with EPA, DOE and SCDEHC regulators, and the Savannah River Site stakeholders.

I developed a standard protocol that comprises all of the SRS human health exposure scenarios, pathways, parameters and intake calculations for departmental and subcontractor usage.

1992 - 1999 Senior Scientist Westinghouse Savannah River Company Building 730-2B, Room 2178

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Date: 3/27/02



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All Applicant Data Report

Name: OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

Aiken, SC 29808

I served as the departmental Chemical Coordinator and Chemical Hazards Communicator for the Environmental Science & Technology group which encompassed five different laboratories (Ecological, Geosciences, Biochemical, Microbiological and Analytical). I performed methods development and validation for chemical determination of environmental samples and legacy waste issues; data analysis and documentation (R&D and Analytical Study Plans); quality assurance/control (QA Task Plans) and report writing (compilation and statistical analysis of data, interpretation of data trends, distributions and concentrations of chemicals).

I developed and managed a chemical database to track hazardous chemicals and increase the efficiency of the SARA Tier II chemical inventories.

I developed the analytical method for biocide identification in the wash solutions of the hazardous waste tanks.

I initiated a sample tracking system in the radioactive shielded cells facility which led to the reduction of legacy waste storage.

I initiated a laboratory waste analysis plan to reduce the costs of non-hazardous waste disposal. This initiative led to a cost savings of thousands of dollars for the department.

1989 - 1992 Chemist Wisconsin Occupational Health Lab 979 Jonathan Drive Madison, WI 53713

I provided routine chemical analysis of various industrial hygiene samples utilizing HPLC/GC instrumentation. I performed methods development and validation; data analysis and documentation; quality assurance/control and report writing.

I developed analytical methods for pesticides and herbicides from OSHA field monitoring samples.

I provided consultation to State regulatory agencies and private environmental consulting firms relative to the OSHA industrial hygiene-sampling

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All Applicant Data Report

Name: OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

program. 1988 - 1989 Lab Technician Hazelton Labs 3301 Kinsman Boulevard Madison, WI 53707

I was the investigator for research projects in food and environmental chemical analysis. I performed methods development and validation; data analysis and documentation; quality assurance/control and report writing.

1987 - 1988 Lab Technician CIBA Vision Care 2910 Amwiler Court Atlanta, GA 30360

I was the investigator for research projects in contact lens material utilizing UV/VIS spectroscopy, FTIR and GPC analysis. I performed methods development and validation; data analysis and documentation; quality assurance/control and report writing.

Education

1999 - present,

M.S. Candidate, Interdisciplinary Toxicology, University of Georgia, Athens, Georgia (27 hours)

Thesis: Human Health Risk Assessment of a Golf Course Using a Point Estimate vs. Probabilistic Approach.

1987

B.S. in Chemistry, Spelman College, Atlanta, Georgia, (126 hours).

1982,

High School diploma, Buchtel High School, Akron, Ohio

Professional Societies

Society of Toxicology (Student Member), Society of Environmental Toxicology and

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All Applicant Data Report

Name: OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

Chemistry (Student Member)

Job-Related Training

Federal Facility Agreement Training, Biochemical Terrorism: First Strike-First Response, Radioactive Source Control Training, Hazardous Communication, Hazardous Materials (HAZMAT), Environmental Radiochemistry, Environmental Laws and Regulations

Job-Related Skills

Radiation Worker Certification, MS Word, MS Excel, ArcView GIS, Crystal Ball, SAS

Awards & Honors

2001 Society of Toxicology Best Graduate Student Award in Food Toxicology 2002 Westinghouse Top Performer Bonus Recipient

Presentations & Public Published Abstracts

Hodoh, O.B., Smith, M.A., and T.W. Simon. (2002). Risk Assessment of a Military Golf Course Slated for Closure. Poster presented at the 2002 Society of Toxicology annual meeting.

Hodoh, O.B., Dyer, S.A., Brisbin, I.B., and M.A. Smith. (2001). Health Risks to Recreational Hunters Consuming Radiocesium Contaminated Deer and Hogs from the U.S. Department of Energy's Savannah River Site. Poster presented at the 2001 Society of Toxicology annual meeting.

Bibler, N.E., Ray, J.W., Fellinger, T.L., Hodoh, O.B., Beck, R.S. and O.G. Lien. (1998). Characterization of the Radioactive Glass Currently Being Produced by the Defense Waste Processing Facility at the Savannah River Site. Presented at Waste Management '98 Symposium and published in the proceedings, CD-ROM Session 14 (1998).

References
Available upon request

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